

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43737

1. Entity Name

NEW BIRTH BAPTIST CHURCH, INC.

Principal Place of Business

13230 NW 7TH AVE.
N. MIAMI FL 33168-2804
US

Mailing Address

13230 NW 7TH AVE.
N. MIAMI FL 33168-2804
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, VERNITA C
131C
C/O NEW BIRTH BAPTIST CHURCH
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Leonardo Stanke

Street Address (P.O. Box Number is Not Acceptable)

3340 McDonald St Courtyard Ste

City

Coconut Grove

FL

Zip Code 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/01

Date

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RUBUE, HOWARD	
STREET ADDRESS	5335 NW 188 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, BRENDA	
STREET ADDRESS	13230 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, JOHN	
STREET ADDRESS	5454 FLETCHER ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, MAE	
STREET ADDRESS	1000 NW 151ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CURRY, VICTOR T	
STREET ADDRESS	5037 COUNTRY BROOK DR	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90331 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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