

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2002 8:00 am
Secretary of State

07-07-2002 90065 037 ****61.25

DOCUMENT # N44195

1. Entity Name

NEW RESURRECTION INSTITUTIONAL BAPTIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

565 S. BARFIELD HWY
PAHOKEE FL 33476
US

565 S. BARFIELD HWY
PAHOKEE FL 33476
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, OCSAR W J
763 PALM BLVD
PAHOKEE FL 33476

Name

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

18135 N.W. 18 AVE.

MIAMI

City Miami

FL

Zip Code

33056

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPT
NAME WEST, REV. OSCAR W, JR.
STREET ADDRESS 763 PALM BLVD.
CITY-ST-ZIP PAHOKEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS 18135 N.W. 18 AVE
CITY-ST-ZIP MIAMI, Fla. 33056 ☒ Change ☐ Addition

TITLE DS
NAME FROST, GERALDINE
STREET ADDRESS 763 PALM BLVD.
CITY-ST-ZIP PAHOKEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS 517 S.W. 68 STREET
CITY-ST-ZIP Belle Glade, Fla 33430 ☒ Change ☐ Addition

TITLE DV
NAME MCCULLOUGH, MARELLE
STREET ADDRESS 709 PADGETT CR.
CITY-ST-ZIP PAHOKEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

6 2 7 6 2 (505) 6255888

Date

Daytime Phone #

CR2E037 (9/01)