

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90082 025 ****70.00

DOCUMENT # N45330

1. Entity Name

BROWNSVILLE BAPTIST CHURCH OF MIAMI, INC.

Principal Place of Business

Mailing Address

2775 NW 60TH STREET
 MIAMI FL 33142

2775 NW 60TH STREET
 MIAMI FL 33142-2254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2525056

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, BERNARD
18541 NW 8 ROAD
MIAMI FL 33169

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, BERNARD	
STREET ADDRESS	18541 NW 8TH RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, WILLIAM	
STREET ADDRESS	2940 N.W 66TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALSELL, PATRICIA	
STREET ADDRESS	17130 NW 19TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROADNAX, PEARL	
STREET ADDRESS	781 NW 77 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, FREDDIE	
STREET ADDRESS	16415 N.W. 27TH COURT	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGHTOWER, WILLIE	
STREET ADDRESS	2775 NW 60 ST	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Emery	
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
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

3/27/00 *305-634-410X*
 Date Daytime Phone #

CR2E037 (9/99)