2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # N48492 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name TRUE FAITH MISSIONARY BAPTIST CHURCH, INC. 04-21-2000 90024 011 ****61.25 Mailing Address Principal Place of Business 1890 N.W. 47 TERR 1890 N.W. 47 TERR MIAM! FL 33142-4050 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0396674 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Street Address (P.O. Box Number Is Not Acceptable) DOTSON, WILLIE 1485 N.W. 40 STREET **MIAMI FL 33142** 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. 4-8-2000 SIGNATURE (NOTE. Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE JOHN M FAIR NAME NAME DOTSON, WILLIE STREET ADDRESS STREET ADDRESS 1650 NW 124 1485 NW 40 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Change ☐ Addition TITLE 🕿 Delete TITLE VD NAME NAME OATES, WINIFIED D STREET ADDRESS STREET ADDRESS 2334 NW 82 ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33147-4842 TITLE ☐ Delete TITLE Change ☐ Addition NAME WILLIAMS, CARRIE NAME STREET ADDRESS 4250 N.W. 168TH TERRACE STREET ADDRESS CITY-ST-71P CITY-ST-ZIP? MIAMI FL ☐ Delete TITLE ☐ Change Addition NAME NAME **BOGES, ISIAH** STREET ADDRESS STREET ADDRESS 3085 OHIO STREET CITY-ST-7IP CITY-ST-ZIP <u>COCONUT GROVE FL 33133</u> Addition 🖳 ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLD. 3305 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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