2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90267 001 ****61.25

DOCUMENT # N48492

1. Entity Name

TRUE FAITH MISSIONARY BAPTIST CHURCH

Principal Place of Business	Mailing Address
1890 NW 47 TERR MIAMI FLA 33142	1890 NW 47 TERR MIAMI FLA 33142

C0053000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1890 NW 47 TER	1890 NW 47 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLA	City & State: MIAMI FLA 33142
Zip: 33142 Country	Zip: 33142 Country

4. FEI Number: 65-0396674 — [X] 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
REV JOHN M FAIR 1650 NW 124 ST MIAMI FLA 33167	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE PD NAME REV JOHN M FAIR STREET ADDRESS 1650 NW 124 ST CITY-ST-ZIP MIAMI FLA 33167	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE T NAME EMMIT WILLIAMS STREET ADDRESS 4250 NW 168 TERR CITY-ST-ZIP MIAMI FLA	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE S NAME CARRIE WILLIAMS STREET ADDRESS 4250 NW 168 TERR CITY-ST-ZIP MIAMI FLA	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E037 (11/00)

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: Rev John M Fair JOHN M FAIR 305 681-0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/18/2001 Daytime Phone #