

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003234

1. Entity Name

GREATER LOVE BAPTIST CHURCH, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90111 046 ****61.25

Principal Place of Business

Mailing Address

4617 NW 46 STREET
MIAMI FL 33142

3148 NW 169 TERR
OPA LOCKA FL 33056-4322

2. Principal Place of Business

4617 N.W. 22 Ave.

3. Mailing Address

4617 N.W. 22 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0003398

Applied For

Not Applicable

Zip

33055

Country

Dade

Zip

33142

Country

Dade

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

NESBITT, LEWIS REV.

3148 NW 169 TERR

OPA LOCKA FL 33056

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	NESBITT, ADELLA	
STREET ADDRESS	3148 NW 169 TERRACE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SUDIE	
STREET ADDRESS	2101 NW 52ND ST., #C	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DAVIS, JESSIE	
STREET ADDRESS	2320 NW 95 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESBITT, LEWIS	
STREET ADDRESS	3148 NW 169 TERRACE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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: Lewis Nesbitt

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 (305) 620-0097

CR2E037 (9/99)