

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003234**

1. Entity Name

GREATER LOVE BAPTIST CHURCH, INC.**FILED**
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90068 006 ****70.00

0039942

Principal Place of Business

**4617 NW 22 AVE
MIAMI FL 33055**

Mailing Address

**4617 NW 22 AVE
MIAMI FL 33142**

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

65-0003398

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NESBITT, LEWIS REV.
3148 NW 169 TERR
OPA LOCKA FL 33056**

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME **SD**
STREET ADDRESS **NESBITT, ADELLA**
CITY-ST-ZIP **3148 NW 169 TERRACE
OPA LOCKA FL 33056**TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WILLIAMS, SUDIE**
CITY-ST-ZIP **2101 NW 52ND ST., #C
MIAMI FL 33142**TITLE ☐ Delete
NAME **MD**
STREET ADDRESS **DAVIS, JESSIE**
CITY-ST-ZIP **2320 NW 95 STREET
MIAMI FL**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NESBITT, LEWIS**
CITY-ST-ZIP **3148 NW 169 TERRACE
OPA LOCKA FL 33056**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: [Signature] NESBITT, LEWIS T 2-5-01 (305) 620-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)