

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90041 025 ****61.25

DOCUMENT # N95000002625

1. Entity Name

THE GOSPEL VISION BAPTIST MINISTRY, INC.

Principal Place of Business

1601 N.W. 79TH ST.
 MIAMI FL 33147

Mailing Address

P O BOX 232
 GOULDS FL 33170
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0589992

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

GREER, NARVEL
20251 S.W. 117TH AVE.
MIAMI FL 33177

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 **PD** Delete
 NAME **GREER, NARVELL**
 STREET ADDRESS **20521 S.W. 117TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE **SD** Delete
 NAME **GREER, KATHARINA**
 STREET ADDRESS **20521 S.W. 117TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE **TD** Delete
 NAME **GREER, JEAN**
 STREET ADDRESS **11926 S.W. 271 TERRACE**
 CITY-ST-ZIP **HOMESTEAD FL**

Change Addition

TITLE **D** Delete
 NAME **GREER, MAURIS**
 STREET ADDRESS **17825 S.W. 110TH COURT**
 CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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:

NARVELL GREER **REQUIRE: NARVELL GREER 2-9-00 305 696-8011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)