

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003548

1. Entity Name

SHADY GROVE MISSIONARY BAPTIST CHURCH, INC

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90097 020 ****61.25

Principal Place of Business

103 GRAND AVE
 MIAMI FL 33133
 US

Mailing Address

P.O. BOX 774
 MIAMI FL 33133
 US

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

65-0601269

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

PORCHER, MAGGIE
 3553 HIBISCUS ST.
 MIAMI FL 33143

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 CRAWFORD, JOHN
 STREET ADDRESS 3068 CARTER ST.
 CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST ☐ Delete
 NAME PORCHER, MAGGIE
 STREET ADDRESS 3553 HIBISCUS ST.
 CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME FERGUSON, WILLIAM
 STREET ADDRESS 15000 SW 105 CT.
 CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME PORCHER, ANTHONY
 STREET ADDRESS 3553 HIBISCUS ST.
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME JONES, JOYCE
 STREET ADDRESS 14421 NW 13TH RD
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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: *Maggie B. Porcher* *Maggie B. Porcher* 5-10-00 305/448-1686
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)