

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003548**

1. Entity Name

SHADY GROVE MISSIONARY BAPTIST CHURCH, INC**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90060 049 *****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

**PORCHER, MAGGIE
3553 HIBISCUS ST.
MIAMI FL 33143**

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	PD	<input type="checkbox"/> Delete
NAME	CRAWFORD, JOHN	
STREET ADDRESS	3068 CARTER ST.	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	ST	<input type="checkbox"/> Delete
NAME	PORCHER, MAGGIE	
STREET ADDRESS	3553 HIBISCUS ST.	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, WILLIAM	
STREET ADDRESS	15000 SW 105 CT.	
CITY-ST-ZIP	MIAMI FL 33174	

TITLE	D	<input type="checkbox"/> Delete
NAME	PORCHER, ANTHONY	
STREET ADDRESS	3553 HIBISCUS ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOYCE	
STREET ADDRESS	14421 NW 13TH RD	
CITY-ST-ZIP	MIAMI FL	

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maggie Porcher 2/28/01 305/448-1686
Date Daytime Phone #

CR2E037 (10/00)