

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 027 ****61.25

05/10/03

DOCUMENT # N95000004263

1. Entity Name
THREE DIMENSIONS AFRICAN BAPTIST FELLOWSHIP, INC



Principal Place of Business
**2506 FUNSTON STREET
HOLLYWOOD FL 33020**

Mailing Address
**2506 FUNSTON STREET
HOLLYWOOD FL 33020**

11040770



2. Principal Place of Business
2506 Funston Street
Suite, Apt. #, etc.
Hollywood Florida
City & State

3. Mailing Address
Same
Suite, Apt. #, etc.
Same
City & State
Same

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0611937**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**OLOFIN, ABIODUN J
2506 FUNSTON STREET
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent
Name **Brother Martel Williams (Deacon)**
Street Address (P.O. Box Number is Not Acceptable)
3031 N.W. 172 Terrace
City **Miami Florida** FL Zip Code **33056**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **3/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOFIN, ABIODUN J 2506 FUNSTON STREET HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOFIN, FUNLOLA 2506 FUNSTON STREET HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JNO HOPE, BUKKY 2045 E. BAY DRIVE #224 LARGO FL 33771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sister Addie M. Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3031 N.W. 172 Terrace, Miami Florida 33056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chairman Finance Department
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Martel Williams - Chairman of Deacon Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **3/11/03** **954-923-3203**

SIGNATURE REQUIRED

CR2E037 (10/02)