

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0044877

02-06-2001 90259 039 ****61.25

DOCUMENT # N97000001067

1. Entity Name

PENTECOSTAL TABERNACLE OF NORTH MIAMI INC

Principal Place of Business

Mailing Address

12415 NW 7 AVE
 MIAMI FL 33169
 US

P.O. BOX 693576
 MIAMI FL 33269

2. Principal Place of Business

3. Mailing Address

12415 NW 7 AVE
 Suite, Apt. #, etc.

P O BOX 693576
 Suite, Apt. #, etc.

City & State

City & State

MIAMI FLORIDA

MIAMI FLORIDA

Zip *33169*
 Country *USA*

Zip *33269*
 Country *USA*

4. FEI Number

65-0696000

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, ROBERT S
1271 NW 175 TERRACE
MIAMI FL 33169

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]

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, NEVILLE	
STREET ADDRESS	10210 SW 168TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, RALSTON	
STREET ADDRESS	13650 SW 17TH CT	
CITY-ST-ZIP	MIRIMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, VIN	
STREET ADDRESS	10260 SW 12 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEWART, JENNIFER	
STREET ADDRESS	1271 NW 175 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, SYDNEY R	
STREET ADDRESS	1271 NW 175 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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
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
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01
 Date

Daytime Phone #

CR2E037 (10/00)