## NOT-FOR-PROFIT CORPORATION -UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002609

1. Entity Name

NEW Canaan Baptist Church, INC



## FILED Jul 25, 2005 8:00 am Secretary of State

07-25-2005 90098 036 \*\*\*\*75.00

	The state of the s		
DO NOT WRITE IN THIS SPACE			50057315
2. Principal Place of Business 10605 Ni W 7 <sup>th</sup> Aug P. 0 Box 380095 Suite, Apt. #, etc.  3. Malling Address P. 0 Box 380095 Suite, Apt. #, etc.		1	
		DO NOT WRITE IN THIS SPACE	
City & State — City & State — City & State Miani Honida Mia	mi Horida	4. FEI Number	Applied For Not Applicable
Zip Country Zip 3323	8 Sade	5. Certificate of Statu	s Desired \$8.75 Additional Fee Required
	Name 17	7. Name and Address	of Current Registered Agent
		dress (P.O. Box Number is Not Acceptable)	
IN THIS SPACE	362 city = 7	City / C / 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
	tion Campaign Financing t Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
Rev. Julson Sylivian, Dr STREET ADDRESS CITY-ST-ZIP  Rev. Julson Sylivian, Dr 36255 Sw 150 Street Ft Laureludale H. 33312	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FF. 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIGHT: FF 33/67	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO N	NOT WRITE
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12. I hereby certify that the information supplied with this filling does not g	ualify for the exemption stated in Se	ection 119.07(3)(i), Florid	la Statutes. I further certify that the information

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sulfry Rev. Julson 5/Lvian 7/8/05 (301) 945-020