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

Jan 13, 2003 8:00 am **Secretary of State** DOCUMENT # N9700002609 1. Entity Name 01-13-2003 90816 022 ****75.00 NEW CANAAN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 301 NE 59TH STREET PO BOX 382295 MIAMI FL 33137 MIAMI FL 33238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0787471 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Julison REU. POLYCARPE, SNYDER 81 NE 48TH STREET MIAMI FL 33137 33312 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State (3) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SYLVIAN, JULSON NAME NAME CR2E037 (10/ STREET ADDRESS 3625 SW 1ST STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP Delete TITLE ☐ Addition ALEXIS. MAX NAME SNYder Polycarpe BINE 48th St. M. NAME 12365 NW MIAMI CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33168** CITY-ST-ZIP D ----TITLE Delete TREASORY! TITLE METELLUS, ANTOINE O Nocles Morricette NAME NAME 285 NW 82 TERRACE STREET ADDRESS STREET ADDRESS 1770 NW 127 St. CITY-ST-ZIP **MIAMI FL 33150** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED