

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003619

1. Entity Name

MIGHTY ZION MISSIONARY BAPTIST CHURCH, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90005 031 ****70.00

Principal Place of Business

759 NW 73RD ST
 MIAMI FL 33147

Mailing Address

4600 NW 3 AVE
 MIAMI FL 33127

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, CASSANDRA J
 4600 NW 3 AVE
 MIAMI FL 33127

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

After September 13, 2000 min. will be \$236.25

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 NAME ☐ Delete
 P
 RAMSEY, THOMAS
 STREET ADDRESS 1700 NW 58 TERRACE #J-2
 CITY-ST-ZIP SUNRISE FL 33127

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 T
 SIMMONS, CATHERINE
 STREET ADDRESS 45 NW 50 STREET
 CITY-ST-ZIP MIAMI FL 33127

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 ST
 DIXON, CASSANDRA
 STREET ADDRESS 4600 NW 3 AVENUE
 CITY-ST-ZIP MIAMI FL 33127

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Delete
 T
 REID, JAMES
 STREET ADDRESS 18929 NW 45 AVENUE
 CITY-ST-ZIP MIAMI FL 33055

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 VP
 PATTERSON, FLOYD
 STREET ADDRESS 3801 NW 161 ST
 CITY-ST-ZIP MIAMI FL 33054

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Delete
 T
 DAVIS, SHIRLEY
 STREET ADDRESS 9120 NW LITTLE RIVER BLVD
 CITY-ST-ZIP MIAMI FL 33147

TITLE NAME ☒ Change ☒ Addition
 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: *CASSANDRA J DIXON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/28/00 305/805-1850
 ext. 21110

CR2E037 (5/00)