

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000003619****1. Entity Name**
MIGHTY ZION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
759 NW 73RD ST	4600 NW 3 AVE
MIAMI FL 33147	MIAMI FL 33127

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For
Zip	Country	Zip	<input checked="" type="checkbox"/> 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 AVEMIAMI FL
33127 US

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 CASSANDRA J DIXON****09/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS BUSH		NAME	AKINS JOHN	
STREET ADDRESS	9120 NW LITTLE RIVER BLVD		STREET ADDRESS	18929 N.W. 45 AVE.	
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON FLOYD		NAME	PATTERSON FLOYD	
STREET ADDRESS	3801 NW 161 ST		STREET ADDRESS	9020 N.W. LITTLE RIVER BLVD.	
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON JOHN R		NAME		
STREET ADDRESS	4600 NW 3 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON CASSANDRA		NAME		
STREET ADDRESS	4600 NW 3 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS CATHERINE		NAME		
STREET ADDRESS	45 NW 50 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY THOMAS		NAME	RAMSEY THOMAS	
STREET ADDRESS	1700 NW 58 TERRACE #J-2		STREET ADDRESS	18929 N. W. 45 AVE	
CITY-ST-ZIP	SUNRISE FL 33127		CITY-ST-ZIP	MIAMI FL 33055	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: THOMAS RAMSEY**

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09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

*****RELATIVE TO: JEFFERY COLQUITT TRUSTEE

JEFFERY COLQUITT TRUSTEE
2260 N.W. 64 ST.

MIAMI, FL. 33147