

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90503 023 ****61.25

DOCUMENT # N97000004524

1. Entity Name

MIAMI SHORES CONGREGATION OF JEHOVAH'S WITNESSES

Principal Place of Business

**9100 N.E. 2ND AVE
 MIAMI SHORES FL 33138
 US**

Mailing Address

**206 N.W. 97TH STREET
 MIAMI FL 33150-1629**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0696709

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

**SYLVAIN, FRED
 206 N.W. 97TH STREET
 MIAMI FL 33150-1629**

7. Name and Address of New Registered Agent

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**

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

TITLE **D** Delete
 NAME **SYLVAIN, FRED**
 STREET ADDRESS **206 N.W. 97TH STREET**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **D** Delete
 NAME **DEPONS, JOHN**
 STREET ADDRESS **9100 N.E. 2ND AVE**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **D** Delete
 NAME **FORD, ISAAC JR.**
 STREET ADDRESS **9100 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
 NAME **Walton, Newell**
 STREET ADDRESS **860 N.E. 72 Terrace**
 CITY-ST-ZIP **Miami, FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change 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: *Fred Sylvain* **REQUIRED** Fred Sylvain

05-18-01 305-759-6235

CR2E037 (10/00)