

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000052

1. Entity Name

CHRISTIAN FAITH FELLOWSHIP CHURCH OF NORTH DADE,

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90077 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16191 NW 57TH AVE  
MIAMI FL 33014

16191 NW 57TH AVE  
MIAMI FL 33014-6707

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

65-0804116

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

SOUTHWELL, DAVID W  
16191 NW 57TH AVE  
MIAMI FL 33014

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SOUTHWELL, DAVID W  
STREET ADDRESS 6330 LAKE CHAMPLAIN TERR  
CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE VTD ☐ Delete  
NAME SOUTHWELL, SUSAN W  
STREET ADDRESS 6330 LAKE CHAMPLAIN TERR  
CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE SD ☐ Delete  
NAME MEAD, PATRICIA A  
STREET ADDRESS 20850 SAN SIMEON WAY  
CITY-ST-ZIP N. MIAMI BEACH FL 33179

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

TITLE D ☐ Delete  
NAME WUE, BRIAN A  
STREET ADDRESS 1691 NW 87 AVE  
CITY-ST-ZIP MIAMI FL 33014

TITLE ☒ Change ☐ Addition  
NAME WISE, BRIAN A  
STREET ADDRESS 16191 NW 57 AVE  
CITY-ST-ZIP MIAMI FL 33014

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)