

5/16

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90054 011 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000002315**

1. Entity Name

**GOSPEL VISION MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

130 NW 36TH ST  
130  
MIAMI FL 33127

130 NW 36TH ST  
130  
MIAMI FL 33127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

130 N.W 36 Street  
Suite, Apt. #, etc.  
130

130 NW 36th St  
Suite, Apt. #, etc.  
130

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number

65-0834023

Applied For

Not Applicable

Zip  
33127

Country  
Dade

Zip  
33127

Country  
Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, RUFUS N REV.  
450 N.E. 68TH STREET  
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name: RUFUS N. FORBES REV.  
Street Address (P.O. Box Number is Not Acceptable):  
776 NW 81st -  
City: Miami Dade FL Zip Code: 33150

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: *Rufus N. Forbes*  
Signature, typed or printed name of registered agent and title if applicable.

6/4/001  
DATE

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	FORBES, RUFUS N REV.	
STREET ADDRESS	450 N.E. 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, RUTH N	
STREET ADDRESS	3929 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOON, RICHARD	
STREET ADDRESS	6720 N.E. 5TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, EYVONNE P	
STREET ADDRESS	3929 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CHRISSELLE	
STREET ADDRESS	3929 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Whyte	
STREET ADDRESS	3791 N.W. 194th Ave	
CITY-ST-ZIP	Miami FL 33169	
TITLE	Public Relations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Neat	
STREET ADDRESS	130 NW 36th St	
CITY-ST-ZIP	Miami, FL 33127	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karis Francis	
STREET ADDRESS	776 NW 81st	
CITY-ST-ZIP	Miami FL 33150	
TITLE	Youth Leader	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Foster	
STREET ADDRESS	5504 N.W. 15th Ave	
CITY-ST-ZIP	Miami FL 33142	
TITLE	Evangelist	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anelisa Jackson	
STREET ADDRESS	1335 N.W. 182nd St	
CITY-ST-ZIP	Miami FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rufus N. Forbes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01  
Date

Daytime Phone #

CR2007 (10/00)