

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-22-2002 90072 026 ****61.25

DOCUMENT # N98000002315

1. Entity Name

GOSPEL VISION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

130 NW 36TH STREET
 130
 MIAMI FL 33127

Mailing Address

130 NW 36TH STREET
 130
 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

65-0834023

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

FORBES, RUFUS N REV.

1001 N.W. 147 ST
 MIAMI FLA 33168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
 33168

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	<input type="checkbox"/> Delete
NAME	FORBES, RUFUS N REV.	
STREET ADDRESS	450 N.E. 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHYTE, CAROL	
STREET ADDRESS	3791 NW 19TH TER 19TH TER	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOON, RICHARD	
STREET ADDRESS	6720 N.E. 5TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	PR	<input type="checkbox"/> Delete
NAME	NEAT, BETTY	
STREET ADDRESS	130 NW 88-ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOUNERS, KANS	
STREET ADDRESS	776 NW 81 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	YL	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, LISA	
STREET ADDRESS	5504 NW 15TH AVE	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA FOSTER	
STREET ADDRESS	1676 N.W. 56th ST	SECRETARY
CITY-ST-ZIP	MIAMI FLA 33142	OUTBACK DR
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALIVA JOHNSON	
STREET ADDRESS	16915 SW 93rd CT	FINANCIAL
CITY-ST-ZIP	MIAMI FLA 33157	SECRETARY
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCIA FORBES	
STREET ADDRESS	1001 N.W. 147th ST	
CITY-ST-ZIP	MIAMI FLA 33168	W.H.U DIRECTOR
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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

4/28/02
 Date

Daytime Phone #