

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005311

1. Entity Name

ST. THOMAS MISSIONARY BAPTIST CHURCH OF MIAMI, I

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90066 026 ****61.25

Principal Place of Business

6321 N.W. 22ND. AVE.
 MIAMI FL 33147

Mailing Address

6321 N.W. 22ND. AVE.
 MIAMI FL 33147-7703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6321 NW 22nd Ave

Suite, Apt. #, etc.

3. Mailing Address

6321 NW 22nd Ave

Suite, Apt. #, etc.

City & State

Miami Florida

Zip
33147

Country
Dade

City & State

Miami Florida

Zip
33147

Country
Dade

4. FEI Number

65-0869766

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ROBERT P
 2245 N.W. 99 TERR.
 MIAMI FL 33147

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

Rev. Robert P. Thomas

Rev. Robert P. Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-4-00

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	THOMAS, REV ROBERT P	
STREET ADDRESS	2245 NW 99 TERR	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOGES, VIRGINIA	
STREET ADDRESS	2301 NW 99 TERR	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, REV JOHN A	
STREET ADDRESS	1370 NW 100 TERR	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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CITY-ST-ZIP	
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: *Rev. Robert P. Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-00 (205) 696-9091

Date

Daytime Phone #

CR2E037 (9/99)