

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000613

DOCUMENT # **N98000006503**

1. Entity Name
DIVINITY BAPTIST CHURCH, INC.



03 NOV 13 PM 6:00

Principal Place of Business
**14500 N.W. 17TH AVE.
MIAMI FL 33168**

Mailing Address
**1071 N.E. 179TH ST.
NO. MIAMI BEACH FL 33162**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
6400 N.E. 2nd Ave.

3. Mailing Address
1071 N.E. 179 St

REINSTATEMENT 2003

City & State
Miami, Florida

City & State
N.M.B., FL

4. FEI Number **65-0914442**

Applied For
 Not Applicable

Zip
33138

Country
U.S.A.

Zip
33162-1215

Country
U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SANON, HERVENS V
107 N.E. 179TH ST.
NO. MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **300023550113
10/03/03--01080--027 **61.21**

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCAS SANON, CHRISTINA 1071 NE 179TH STREET N MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST SANON, HERVENS V 1071 NE 179TH ST N MIAMI BCH FL 33162-1215 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIERULA, MICELIS 8321 NE 1ST AVE #4 MIAMI FL 33138 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SANON, CHRISTINA 1071 NE 179TH ST N MIAMI BEACH FL 33162-1215 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCAS SANON, CHRISTINA | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Menard, Idalia 157 N.E. 67th St., #2 Miami, FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lubin, Madeleine 431 N.E. 180th Dr. N.M.B., FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mondesi, Gesdir 755 N.E 140 St. Miami, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANON, David 626 N.E 64 Terr., #2 Miami, FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 517, 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 REQUIRED** *Hervens V Sanon* 9/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)