

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000037

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: NEW HARVEST MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1100 NW 45TH ST.
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1100 NW 45TH ST.
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0882157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAINES, REGENIA S
15600 N.W. 44TH COURT
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, GREGORY D PASTOR
Address: 4410 N.W. 11AVE.
City-St-Zip: MIAMI, FL 33127

Title: VD () Delete
Name: DONALDSON, CHARLES L DEACON
Address: 20364 N.W. 43RD. AVE
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: ADAMS, LEVY DEACON
Address: 1100 N.W. 45 ST.
City-St-Zip: MIAMI, FL 33127

Title: C () Delete
Name: WORTHY, ARNOLD LEON
Address: 2325 N.W. 89TH STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: LATTIMORE, ANGELA D
Address: 1351 N.E. 159TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T () Delete
Name: ADAMS, LELIA
Address: 1100 N.W. 45TH STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY D. THOMPSON JR.

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date