

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005190

1. Entity Name

NEW BETHEL MISSIONARY BAPTIST CHURCH OF LIBERTY

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90005 031 ****70.00

Principal Place of Business

1571 NW 68TH TERR.
MIAMI FL 33147

Mailing Address

1571 NW 68TH TERR.
MIAMI FL 33147

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0459192

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANTHONY
431 NW 184TH TERR.
MIAMI FL 33169

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

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

TITLE ☐ Delete
NAME P
STREET ADDRESS BROWN, ANTHONY
CITY-ST-ZIP 431 NW 184 TERR
MIAMI FL 33169

TITLE ☐ Delete
NAME C
STREET ADDRESS WILSON, NATHANIEL
CITY-ST-ZIP 18125 NW 49 AVE
OPA LOCKA FL 33055

TITLE ☐ Delete
NAME T
STREET ADDRESS STAFFORD, PAULA
CITY-ST-ZIP 1960 NW 82ND ST
MIAMI FL 33147

TITLE ☒ Delete
NAME D
STREET ADDRESS SIMMONS, FRANKLIN
CITY-ST-ZIP 1554 NW 68 TERR
MIAMI FL 33147

TITLE ☐ Delete
NAME D
STREET ADDRESS HANRICK, IRENE
CITY-ST-ZIP 19610 NW 11 AVE
MIAMI FL 33169

TITLE ☐ Delete
NAME D
STREET ADDRESS GAITOR, BRIAN
CITY-ST-ZIP 19299 NW 33RD AVE
MIAMI FL 33056

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Kenneth Austin
CITY-ST-ZIP 61 Kalandan St.
Miami, FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-01 305 696 1495

CR2E037 (10/00)