

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90151 030 ****75.00

DOCUMENT # N99000005190

1. Entity Name

**NEW BETHEL MISSIONARY BAPTIST CHURCH OF LIBERTY
 CITY, INC.**

Principal Place of Business

Mailing Address

**1571 NW 68TH TERR.
 MIAMI FL 33147**

**1571 NW 68TH TERR.
 MIAMI FL 33147**

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

65-0459192

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE **D** ☐ Delete
 NAME **AUSTIN, KENNETH**
 STREET ADDRESS **61 KALANDER STREET**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **D. George Burns**
 STREET ADDRESS **6800 NW Sare**
 CITY-ST-ZIP **Miami FL 33150**

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:

Anthony Brown
 ANTHONY BROWN

4-21-02 325696/45

CR2E037 (9/01)