

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713695

1. Entity Name

KENDALL CHURCH OF GOD, INC.

Principal Place of Business

8795 S.W. 112 STREET
MIAMI FL 33176

Mailing Address

8795 S.W. 112 STREET
MIAMI FL 33176

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

59-1279748

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENDALL, BILLIE JO
7963 SW 104ST A111
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name *Billie Jo Kendall*

Street Address (P.O. Box Number is Not Acceptable)

11525 SW 98 Place

City *Miami*

FL

Zip Code *33170*

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 *Billie Jo Kendall*

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

(NOTE: Registered Agent signature required when reinstating)

3/16/01

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 NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, BONNIE 16823 S.W. 87 AVE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCD KENDALL, BILLIE JO 7963 SW 104 ST A111 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASON, MARION 9454 SW 146TH AVE. MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC COOKE, CHRISTOPHER 15021 W SAXON CIRCLE FORT LAUDERDALE FL 33331	<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	<i>SD</i> <i>Rebecca Jolie</i> <i>16660 S.W. 87 Court</i> <i>Miami FL 33157</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>KENDALL, BILLIE JO</i> <i>11525 SW 98 Place</i> <i>Miami FL 33170</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> <i>REGINA MESTRE</i> <i>24965 S.W. 162 Ave</i> <i>Homestead FL 33031</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 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 #

MARCH 8, 2001

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90926 001 *****8.75

03-29-2001 90926 002 *****61.25

66458



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)