

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748252

1. Entity Name

PEACE MISSIONARY BAPTIST CHURCH, INC.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90005 040 ****70.00

Principal Place of Business

11500 N.W. 17 AVE.
MIAMI FL 33167

Mailing Address

11500 N.W. 17 AVE.
MIAMI FL 33167

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0070278

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

MCCLLOUD, REV. T.W.
3025 N.W. 205TH STREET
MIAMI FL 33055

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME MCCLLOUD, REV. T.W.(PAS)
STREET ADDRESS 3025 N.W. 205 ST.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D
NAME JOHNSON, LEROY
STREET ADDRESS 2365 N.W. 180 TERR
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE D
NAME EADDY, NELLIE
STREET ADDRESS 2510 N.W 153RD STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE SD
NAME LENO, GWEN R.
STREET ADDRESS 300 SW 29TH TERR
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE CDB
NAME ALEXANDER, WILLIAM J
STREET ADDRESS 4010 NW 186TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D
NAME VEREEN, MARY P
STREET ADDRESS 3330 NW 176TH TERR
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)