

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748252

1. Entity Name

PEACE MISSIONARY BAPTIST CHURCH, INC.

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90026 028 ****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

3. Mailing Address

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

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

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
After September 12, 2001, 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	☐ Delete
NAME	MCCLLOUD, REV. T.W.(PAS)	
STREET ADDRESS	3025 N.W. 205 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	EADDY, NELLIE	
STREET ADDRESS	2510 N.W. 153RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ Delete
NAME	LENO, GWEN R.	
STREET ADDRESS	300 SW 29TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	CDB	☐ Delete
NAME	ALEXANDER, WILLIAM J	
STREET ADDRESS	4010 NW 186TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	VEREEN, MARY P	
STREET ADDRESS	3330 NW 176TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
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	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Rev. T.W. McCloud

9/3/01

(305) 681-4681

CR2E037 (5/01)