

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90006 044 ****61.25

DOCUMENT # N01392

1. Entity Name

THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA, INC

Principal Place of Business

Mailing Address

**20535 NW 2ND AVE., SUITE 100
 MIAMI FL 33169-2506
 US**

**20535 NW 2ND AVE., SUITE 100
 MIAMI FL 33169-2506
 US**

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

59-2371125

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

**WILLIAMS, HERMAN K.
 218 NE 199 TERRACE
 MIAMI FL 33179**

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)

03/01/02

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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **JAMES, DAVID C**
 CITY-ST-ZIP **740 SW 94 TERRACE
 PEMBROKE PINES FL 33025**

TITLE ☒ Change ☐ Addition
 NAME **CD**
 STREET ADDRESS **Essie C. Duffie**
 CITY-ST-ZIP **195 N. E. 160th Street
 Miami, Florida 33162**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **ADDERLY, T.C. JR.**
 CITY-ST-ZIP **18850 NW 14 AVENUE ROAD
 MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Rebecca Jones**
 CITY-ST-ZIP **20389 N. E. 7th Court
 Miami, Florida 33179**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **HOLTS, RANDALL E**
 CITY-ST-ZIP **17437 SW 36 STREET
 MIRAMAR FL 33029**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **Clifton Addison**
 CITY-ST-ZIP **20027 N. W. 64th Place
 Miami, Florida 33015**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DUFFIE, ESSIE COLEMAN**
 CITY-ST-ZIP **195 NE 160 ST
 MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Lynn C. Washington**
 CITY-ST-ZIP **580 N. E. 59th Street
 Miami, Florida 33137**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **WASHINGTON, LYNN C**
 CITY-ST-ZIP **580 NE 59 ST
 MIAMI FL 33137**

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **T. C. Adderly, Jr.**
 CITY-ST-ZIP **1885 N. W. 14th Avenue Road
 Miami, Florida 33169**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **WILLIAMS, HERMAN K.**
 CITY-ST-ZIP **218 NE 199 TERR
 MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **WILLIAMS, HERMAN K.**
 CITY-ST-ZIP **218 NE 199 TERR
 MIAMI FL**

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

03/01/02

(305) 493-9311

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
WD8853
748457

The Family Christian Association of America

Additional Officers

Randall E. Holts, Assistant Secretary
17437 S. W. 36th Street
Miramar, Florida 33029

Lucious T. Harris, Assistant Treasurer
19221 W. St.-Andrews Drive
Miami, Florida 33015

Bertha M. Alexander, Chaplain
2387 N. W. 99th Terrace
Miami, Florida 33147