

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90040 028 \*\*\*\*61.25

**DOCUMENT # N94000000571**

1. Entity Name

**SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINIS**

Principal Place of Business

Mailing Address

17325 NW 27TH AVENUE  
 SUITE 100  
 MIAMI FL 33054

17325 NW 27TH AVENUE  
 SUITE 100  
 MIAMI FL 33056-4000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0491594**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**STEWART, GERALD B**  
**505 N LIBERTY ST**  
**JACKSONVILLE FL 32202**

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  Delete  
 NAME **D**  
**MAGWOOD, TRACY B**  
 STREET ADDRESS **2213 SEASONS PKY**  
 CITY-ST-ZIP **NORCROSS GA 30093**

TITLE  Change  Addition  
 NAME **Magwood Tracy B**  
 STREET ADDRESS **P.O. Box 2103**  
 CITY-ST-ZIP **Norcross, GA 30091**

TITLE  Delete  
 NAME **OT**  
**LUMPKIN, ANGELO**  
 STREET ADDRESS **17550 NW 6 PL**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  Change  Addition  
 NAME **Lumpkin Angelo**  
 STREET ADDRESS **5868 N.W. 499th St.**  
 CITY-ST-ZIP **Miami Fl. 33015**

TITLE  Delete  
 NAME **D**  
**PALMER, MICHAEL J**  
 STREET ADDRESS **2409 SW 61 AVE**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**PALMER, PAMELA C**  
 STREET ADDRESS **2409 SW 61 AVE**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**MAGWOOD, ANTONIO S**  
 STREET ADDRESS **2213 SEASONS PKY**  
 CITY-ST-ZIP **NORCROSS GA 30093**

TITLE  Change  Addition  
 NAME **Magwood, Antonio S**  
 STREET ADDRESS **P.O. Box 2103**  
 CITY-ST-ZIP **Norcross, GA 30091**

TITLE  Delete  
 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:

*Michael J Palmer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-2000 954 9620**