

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007294

1. Entity Name

CAROL SMITH BOWE MINISTRIES, INC.

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90004 006 \*\*\*\*70.00

Principal Place of Business

6845 N.W. 9TH STREET  
MARGATE FL 33063

Mailing Address

6845 N.W. 9TH STREET  
MARGATE FL 33063-3425

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0881916

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOWE, CAROL S  
6845 N.W. 9TH STREET  
MARGATE FL 33063

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

*Carol S. Bowe, Carol S. Bowe, President*

*6/21/00*

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

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete            |
| NAME           | BOWE, CAROL S          |                                            |
| STREET ADDRESS | 6845 N.W. 9TH STREET   |                                            |
| CITY-ST-ZIP    | MARGATE FL 33063       |                                            |
| TITLE          | SD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAM, CAROLYN       |                                            |
| STREET ADDRESS | 6810 N.W. 9TH ST.      |                                            |
| CITY-ST-ZIP    | MARGATE FL 33063       |                                            |
| TITLE          | TD                     | <input type="checkbox"/> Delete            |
| NAME           | LEE, MARTHA            |                                            |
| STREET ADDRESS | 3032 N.W. 4TH CT.      |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33063 |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Walker, Keisha C        |                                                                              |
| STREET ADDRESS | 3550 NW 7th St.         |                                                                              |
| CITY-ST-ZIP    | Ft. Lauderdale FL 33311 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carol S. Bowe, President*

Date

Daytime Phone #

*6/21/00 (954) 972-0190*

CR2E037 (9/99)