

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90240 028 ****61.25

DOCUMENT # N99000004993

1. Entity Name

INNER CITY CHURCH OF MIAMI, INC.

Principal Place of Business

6112 NW 6 AVE
 MIAMI FL 33151

Mailing Address

6112 NW 6 AVE
 MIAMI FL 33151

2. Principal Place of Business

3. Mailing Address

PO Box 510611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

4. FEI Number

65-0947035

Applied For

Not Applicable

Zip

Country

Zip
33151

Country

Dade

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

KLEIN, THEODORE J
88 NE 168 ST
N MIAMI BEACH FL 33162

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	<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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	GLENN WILDEN LAWRENCE
CITY-ST-ZIP	12401 W OKEECHOBEE # 237 HIALEAH GARDENS, FL 33018
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T/S
STREET ADDRESS	SHELLY LYNN LAWRENCE
CITY-ST-ZIP	12401 W OKEECHOBEE # 237 HIALEAH GARDENS, FL 33018
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	JEREMY JAY RANDOLPH
CITY-ST-ZIP	14311 MEMORIAL HWGY MIAMI, FL 33161
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	MELVIN BAKER JOSEPH BAKER
CITY-ST-ZIP	10941 Magnolia minneapolis, MN 55448
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	CHARLES GRAY WALKER
CITY-ST-ZIP	623 Pine Ridge Dr. PERRY, GA 31069
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	EDWIN JAMES RANDOLPH
CITY-ST-ZIP	3526 LAKE RIDGE DR GRAPEVINE, TX 76051

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:

Shelly L. Lawrence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/06/2000
(305) 754-9794

CR2E037 (5/00)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Attachment
N99000004993
A0077019

D

(A) CHRISTOPHER JOHN DE LAURENTIS
2115 BLOOMINGTON AVE SO
MPLS, MN 55404

Addition

(B) D

MONICA KATERINA DE LAURENTIS-TAJBAKHS
2115 BLOOMINGTON AVE SO
MPLS, MN 55404

Addition

Attachment
N99000004993