

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90634 027 \*\*\*\*70.00

**DOCUMENT # N93000003078**

1. Entity Name

**PEACEFUL MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**2230 ALIBABA AVE.  
 OPA-LOCKA FL 33054**

**2230 ALIBABA AVE.  
 OPA-LOCKA FL 33054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Peaceful M. B. Church, Inc. 2230 Alibaba Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**OPA-LOCKA Florida**

**OPA-LOCKA Florida**

Zip

Country

Zip

Country

**33054**

**DADE**

**33054**

**DADE**

4. FEI Number

**65-0423413**

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

**NELSON, WILLIE J REV  
 2230 ALIBABA AVE.  
 OPA-LOCKA FL 33054**

Name

**Rev. Willie J. Nelson**

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

**2230 Alibaba Ave.**

City

**OPA-LOCKA Florida**

FL

Zip Code

**33054**

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 **Rev. Willie J. Nelson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**April 22, 2002**  
 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 **P** ☐ Delete  
 NAME **NELSON, WILLIE J REV**  
 STREET ADDRESS **3770 N.W. 197 STREET**  
 CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE ☐ Change ☐ Addition  
 NAME **managing Director**  
 STREET ADDRESS **Harriet Nelson**  
 CITY-ST-ZIP **3770 N.W. 197 St.** ☐ Change ☒ Addition  
**D**  
**CAROL CITY FLA. 33055**

TITLE **D** ☒ Delete  
 NAME **LOWE, GEORGE W**  
 STREET ADDRESS **15940 N.W. 18TH AVE.**  
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Change ☒ Addition  
 NAME **Harriet Nelson**  
 STREET ADDRESS **3770 N.W. 197 St.**  
 CITY-ST-ZIP **CAROL CITY FLA. 33055**

TITLE **D** ☐ Delete  
 NAME **TARVER, WILLIE L**  
 STREET ADDRESS **19211 N.W. 44 ST.**  
 CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Change ☐ Addition  
 NAME **TARVER, WILLIE L**  
 STREET ADDRESS **19211 N.W. 44 ST.**  
 CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE **SD** ☐ Delete  
 NAME **BENTLEY, CYNTHIA N**  
 STREET ADDRESS **18260 N.W. 22 CT.**  
 CITY-ST-ZIP **OPA LOCKA FL 33056**

TITLE ☐ Change ☐ Addition  
 NAME **BENTLEY, CYNTHIA N**  
 STREET ADDRESS **18260 N.W. 22 CT.**  
 CITY-ST-ZIP **OPA LOCKA FL 33056**

TITLE ☐ Delete  
 NAME **TARVER, WILLIE L**  
 STREET ADDRESS **19211 N.W. 44 ST.**  
 CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Change ☐ Addition  
 NAME **TARVER, WILLIE L**  
 STREET ADDRESS **19211 N.W. 44 ST.**  
 CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Delete  
 NAME **TARVER, WILLIE L**  
 STREET ADDRESS **19211 N.W. 44 ST.**  
 CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Change ☐ Addition  
 NAME **TARVER, WILLIE L**  
 STREET ADDRESS **19211 N.W. 44 ST.**  
 CITY-ST-ZIP **OPA LOCKA FL 33055**

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. Willie J. Nelson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 22, 2002 - (305) 620-8885**

CR2E037 (9/01)