2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

MIAMI FL 33170

DOCUMENT # NIOOOOOA641



FILED
Sep 11, 2003 8:00 am
Secretary of State 09-11-2003 90091 026 ****61.25

1. Entity Name
BELLS OF JOY CHURCH OF GOD IN CHRIST, INC.
<i>:</i> .

MIAM! FL 33170

Principal Place of Business Mailing Address 10770 W. OLD CUTLER RD. 10770 W. OLD CUTLER RD.

2. Principal Place of Business Phichol Williams Cam. (co. 3. Mailing Address				1 ((0)((0) 0)(0)		ELDE INDER ENNE DE	¥40 (((0) (40)	
Suite, Apt.	Suite, Apt. #, etc.			→	CHECK HERE IE MAKINI	CHANGES		
<u>951 </u>	1 SW 4 St				☐ CHECK HERE IF MAKING CHANGES			
City & Stat				4. FEI Number				
Zip Country Zip Country			Country	5. Certificate of SI	tatus Desired	\$8.75 Add		
200	6. Name and Address of Current I	Pagletored Agent	 _	7 Name and Add	lress of New Registered	Fee Require	3	
	6. Name and Address of Current	negistered Agent	Name	7. Name and Add	iless of item negistered	Agent		
BELL, CHARLIE L SR.			<u> </u>					
10770 W. OLD CUTLER RD.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
Miami Fl	. 33170							
			City		FI	Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or regi	istered agent, or both, in			and accept	
the obligations of registered agent.								
	M. Do SRd	Me, D	01/-1		9-0-05	ž ·		
SIGNATURE	Signature, typed or printed name of registered agent a	nd Hills if configuration (NOTE	Registered Agent signature rec	ruirod whoe reinstation)	DATE			
	organization, typed of printed mains of registered again a	TO the II applicable. (1901)	negistered Agent algricitire rat	danac when removating)				
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to								
FILE NOW: FEE IS \$61.25 9. Election Campaign Fi After September 10, 2003, min will be \$236.25 Trust Fund Contribution			· · · -	\$5.00 May Be Added to Fees	Florida Depa	•		
10.	OFFICERS AND DIR	ECTORS	11.		ES TO OFFICERS AND D	IRECTORS IN		
TITLÉ		Delete	1 A	geasura		Change	Addition	
NAME			NAME CE	harlie (1. I	3ella 10kg	22 2		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	OMPAND BO	AVE Apt	3069	,	
TITLE		Delete				☐ Change	Addition	
NAME		LJ Oelete	NAME S	ecretary andra Bo	۔ اا ہ	-	P Mullion	
STREET ADDRESS	enter a series of		STREET ADDRESS : 10	70 W 010	icutler-R	d===_		
CITY-ST-ZIP			CITY-ST-ZIP	LAMI, FI	33170			
TITLE		☐ Delete	TITLE 7	kustee		☐ Change	Addition	
NAME			13.4		_		ļ	
STREET ADDRESS			NAME W	Illiam Den	1PSQN_		i i	
OUTLY OF THE			STREET ADDRESS 2	11/10m Den 1505.W.	ata AVE	343.1		
CITY-ST-ZIP	<u> </u>		STREET ADDRESS 3		ata AVE	3034		
TITLE		□ Delete	STREET ADDRESS CITY-ST-ZIP	505. W. L	ata AVE	3034 □ Change	☐ Addition	
TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	505. W. L	ata AVE		☐ Addition	
TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP	505. W. L	ata AVE		Addition	
TITLE NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	505. W. L	ata AVE			
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	505. W. L	ata AVE	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	505. W. L	ata AVE	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	505. W. L	ata AVE	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	505. W. L	ata AVE	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	505. W. L	ata AVE	☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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:

786-712-0161