

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90142 034 \*\*\*\*61.25

**DOCUMENT # 713012**

1. Entity Name

**THE FIRST CHURCH OF JESUS ASSEMBLY, INC.**

Principal Place of Business: **4111 N.W. 23<sup>rd</sup> AVE. MIAMI, FL 33142**  
 Mailing Address: **235 JEFFERSON DR. CORAL GABLES, FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>71-3012230</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MARSHALL, ADA**  
**235 JEFFERSON DRIVE**  
**MIAMI FL 33133**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>MACK, TYRONE</b>	
STREET ADDRESS: <b>10541 S.W. 149 TERR.</b>	
CITY-ST-ZIP: <b>MIAMI FL 33176</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> Delete
NAME: <b>MARSHALL, ADA</b>	
STREET ADDRESS: <b>235 JEFFERSON DRIVE</b>	
CITY-ST-ZIP: <b>MIAMI, FL 33133</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>MILBRY, VERLIE BERNICE</b>	
STREET ADDRESS: <b>3395 GRAND AVE APT 5</b>	
CITY-ST-ZIP: <b>MIAMI, FL 00000</b>	
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME: <del>CHAPPELL, CORA LEE</del>	
STREET ADDRESS: <del>3331 WILLIAMS AVE</del>	
CITY-ST-ZIP: <del>MIAMI, FL 00000</del>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME: <del>MARSHALL, NATHAN</del>	
STREET ADDRESS: <del>235 JEFFERSON DRIVE</del>	
CITY-ST-ZIP: <del>MIAMI, FL 33133</del>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME: <del>WHITE, LOUIS</del>	
STREET ADDRESS: <del>15101 HARRISON STREET</del>	
CITY-ST-ZIP: <del>MIAMI, FL 33176</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>EARKIE L. HUGHES</b>	
STREET ADDRESS: <b>5867 S.W. 60<sup>th</sup> STREET</b>	
CITY-ST-ZIP: <b>MIAMI FLORIDA 33143</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GLADYS L. PIERCE</b>	
STREET ADDRESS: <b>14255 S.W. 109 COURT</b>	
CITY-ST-ZIP: <b>MIAMI, FLORIDA 33176</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LENORA BEASLEY</b>	
STREET ADDRESS: <b>11240 S.W. 179<sup>th</sup> STREET</b>	
CITY-ST-ZIP: <b>MIAMI FLORIDA 33157</b>	
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 REQUIRED** *Ada Marshall* / 1/21/01 *phone 305-444-4278*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

00387700 CR2E037 (10/00)