

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90088 022 \*\*\*\*\*61.25

**DOCUMENT # 713012**

1. Entity Name

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

Principal Place of Business

Mailing Address

**4111 NW 23RD AVE  
 MIAMI FL 33142**

**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

4. FEI Number

**71-3012230**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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**

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	<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 type="checkbox"/> Delete
NAME	<b>HUGHES, EARKIE L</b>	
STREET ADDRESS	<b>5867 SW 60TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PIERCE, GLADYS L</b>	
STREET ADDRESS	<b>14255 SW 109 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEASLEY, LENORA</b>	
STREET ADDRESS	<b>11240 SW 179TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 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
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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 2-23-02 305-444-4278*

CR2E037 (9/01)