

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713695

1. Entity Name

KENDALL CHURCH OF GOD, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-25-2000 90007 002 ****61.25

Principal Place of Business Mailing Address
8795 S.W. 112 STREET 8795 S.W. 112 STREET
MIAMI FL 33176 MIAMI FLA 33176-3748

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 59-1279748 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, IRENE OAKLEY
15001 SW 75TH COURT
MIAMI FL 33158

7. Name and Address of New Registered Agent
Name Billie Jo Kendall
Street Address (P.O. Box Number is Not Acceptable)
7963 SW 104 St A111
City Miami FL FL Zip Code 33156

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 *Billie Jo Kendall*
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

TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILLIPS, BONNIE	
STREET ADDRESS	16823 S.W. 87 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KENDALL, BILLIE JO	
STREET ADDRESS	6400 SW 96TH ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MASON, MARION	
STREET ADDRESS	9454 SW 146TH AVE.	
CITY-ST-ZIP	MIAMI FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chair person	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kendall, Billie Jo	
STREET ADDRESS	7963 SW 104 St A111	
CITY-ST-ZIP	Miami FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chair VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Cooke	
STREET ADDRESS	15021 N Saxon Circle	
CITY-ST-ZIP	Fort Lauderdale FL 33331	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/10/00
Date

305-274-3072
Daytime Phone #

CR2E037 (9/99)