

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713893

1. Entity Name

THE PILGRIM REST MISSIONARY BAPTIST CHURCH OF MI

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90098 006 \*\*\*\*61.25

Principal Place of Business

7510 N.W. 15TH AVENUE  
MIAMI FL 33147

Mailing Address

7510 N.W. 15TH AVENUE  
MIAMI FL 33147-5736

A0006195



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PONDER, EARL  
7510 N.W. 15TH AVENUE  
MIAMI FL 33147

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

*Rev. Earl Ponder*

1-9-2000

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 CT ☐ Delete  
NAME TRAVIS, GEORGE DEACON  
STREET ADDRESS 12650 NW 22 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE CT ☐ Delete  
NAME MCGEE, LACARLOS BRO.  
STREET ADDRESS 1300 NW 2 AVE.  
CITY-ST-ZIP MIAMI FL 33136

TITLE T ☐ Delete  
NAME MCCALL, LULA SIS.  
STREET ADDRESS 7523 NW 15 AVE.  
CITY-ST-ZIP MIAMI FL 33147

TITLE T ☐ Delete  
NAME HORTON, ROBERT BRO.  
STREET ADDRESS 942 N.W. 101ST STREET  
CITY-ST-ZIP MIAMI FL 33150

TITLE TS ☐ Delete  
NAME CONLEY, SUSAN SIS  
STREET ADDRESS 2090 SERVICE RD.  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Delete  
NAME *Rev. Earl Ponder*  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Rev. Earl Ponder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #