

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90097 022 ****70.00

DOCUMENT # 714034
 1. Entity Name *Miami-Dade Fellowship of Christs South*

Principal Place of Business Mailing Address
15485 Eagle Nest Ln. #222
Miami Lakes, FL 33014

2. Principal Place of Business *15485 Eagle Nest Ln*
 Suite, Apt. #, etc. *222*
 City & State *Miami FL*
 Zip *33014* Country *U.S.*

3. Mailing Address
 Suite, Apt. #, etc.
 City & State *FL*
 Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

00083879

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 <i>Chairman</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>15485 Eagle Nest Ln. Suite 222 Miami Lakes, FL 33014</i>
TITLE <i>PD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Rev. Tommy Watson</i>
TITLE <i>VPD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Rev. Charles Kock 9871 S.W. 190 St. Miami, FL 33175</i>
TITLE <i>SD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Rev. Eduardo Cordero 824 W. Palm Ave. Florida City, FL 33034</i>
TITLE <i>T</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Rose Titus 14931 N.W. 37 Ave. Opa Locka, FL 33054</i>
TITLE <i>T</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Mr. Martin Gonzalez 15485 Eagle Nest Ln. #222 Miami, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martin E. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00 (305) 431-0298
Date Daytime Phone #

CR2E037 (9/99)