

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 SEP -5 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725176**

1. Entity Name

THE OPA LOCKA CHURCH OF OUR LORD, INC

Principal Place of Business

Mailing Address

2010 ALI BABA AVE.
OPA LOCKA FL 33054

2010 ALI BABA AVE.
OPA LOCKA FL 33054-2840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0299724

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, ERNEST
3380 N.W. 205 STREET
CAROL CITY FL 33056

Name

Street Address (P.O. Box Number is Not Acceptable)

200003390782--3

-09/13/00--01007--002

*******61.25 *****61.25**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDELBURG, WANDA M.	NAME	
STREET ADDRESS	2231 NW 196 TERR	STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ERNEST	NAME	
STREET ADDRESS	3380 N W 205TH ST	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DWELLY	NAME	
STREET ADDRESS	1325 NW 172ND TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JOSEPH	NAME	Brown, Rayfield
STREET ADDRESS	1940 NW 52ND TERR	STREET ADDRESS	13321 NW 26th Court
CITY-ST-ZIP	OPA LOCKA FL	CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, HENRY L.	NAME	
STREET ADDRESS	2010 ALIBABA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	TS
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Wanda Heidelberg 4/1/00 305-624-2564
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)