# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 24, 2002 8:00 am**
**Secretary of State**
04-02-2002 90929 033 ****61.25

DOCUMENT # 732213

1. Entity Name

A BETTER DAY FOR PEOPLE IN CHRIST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4421 S.W. 55TH AVENUE<br>DAVIE FL 33314 | 4421 S.W. 55TH AVENUE<br>DAVIE FL 33314 |

DO NOT WRITE IN THIS SPACE

| 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 59-1655849 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| WILLIAMS, NATHANIEL<br>3521 NORTHWEST 7TH STREET<br>FT LAUDERDALE FL 33311 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Nathaniel Williams
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | TPV<br>WILLIAMS, ALICE<br>4421 S.W. 55 AVE.<br>DAVIE FL | ☑ Delete | TITLE VP<br>NAME ALICE Williams<br>STREET ADDRESS 4421 S.W. 55 AVE<br>CITY-ST-ZIP DAVIE FL. 33314 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>SALTERS, REGINA<br>3521 N.W. 7 ST<br>FT. LAUDERDALE FL | ☑ Delete | TITLE TS<br>NAME REGINA SALTERS<br>STREET ADDRESS 617 N.W. 43 ST<br>CITY-ST-ZIP OAKLAND PARK 33309 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WILLIAMS, JOHNNY<br>3521 N.W. 7 ST<br>FT. LAUDERDALE FL | ☑ Delete | TITLE T<br>NAME JOHNNY Williams<br>STREET ADDRESS 617 N.W. 43 ST 33309<br>CITY-ST-ZIP OAKLAND PARK | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TP<br>WILLIAMS, NATHANIEL<br>4421 S.W. 55 AVE<br>DAVIE FL | ☑ Delete | TITLE P<br>NAME NATHANIEL Williams<br>STREET ADDRESS 4421 SW 55 AVE<br>CITY-ST-ZIP DAVIE FL. 33314 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Nathaniel Williams 3-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #