

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737569

1. Entity Name

CHURCH OF THE INCARNATION, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90106 039 *****61.25

Principal Place of Business	Mailing Address
1835 N.W. 54TH ST. MIAMI FL 33142	P.O. BOX 420050 MIAMI FL 33142

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1350900	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MAJOR, J. KENNETH 1835 N.W. 54TH ST. MIAMI FL

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
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, DONALD 5961 SW 63RD CT S MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN BEVERHOUDT, OLGA 470 NE 210TH CIRCLE TERRACE MIAMI FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WHITTINGTON B. 11021 SW 117TH ST MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCHAL, FLETCHER A 2975 NW 52ND STREET MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, HOLLOT 1835 NW 54TH ST MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MOSS, DANA 8523 NW 164 ST MIAMI LAKES FL 33016	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Donald Butler Treasurer 2/26/01 305-377-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)