

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742108

1. Entity Name

INDEPENDENT BAPTIST CARRIBEAN MISSION AND INSTIT

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90001 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business                       | Mailing Address                                   |
| 111 NE 56TH STREET<br>FT LAUDERDALE FL 33334-8720 | 111 NE 56TH STREET<br>FT LAUDERDALE FL 33334-1711 |

|                                |                    |
|--------------------------------|--------------------|
| 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 | Applied For    |
| 59-1933321    | Not Applicable |

|                                  |                                |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent                            |
| FERDINAND, JON JAY<br>7061 WEST COMMERCIAL BLVD<br>FT. LAUDERDALE FL 33334 |

|  |    |          |
|--|----|----------|
| 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 \_\_\_\_\_  
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                      | VD <input type="checkbox"/> Delete |
| NAME                       | JONES, EDWARD                      |
| STREET ADDRESS             | 41 NE 48TH STREET                  |
| CITY-ST-ZIP                | FT LAUDERDALE, FL 00000            |
| TITLE                      | PD <input type="checkbox"/> Delete |
| NAME                       | NELSON, DONALD E. (REV)            |
| STREET ADDRESS             | 111 NE 56TH STREET                 |
| CITY-ST-ZIP                | FT LAUDERDALE, FL 00000            |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | VALLIER, BARBARA                   |
| STREET ADDRESS             | 6950 ROYAL PALM BLVD               |
| CITY-ST-ZIP                | MARGATE FL                         |
| TITLE                      | TD <input type="checkbox"/> Delete |
| NAME                       | JONES, JEANETTE L                  |
| STREET ADDRESS             | 41 NE 48TH STREET                  |
| CITY-ST-ZIP                | FT LAUDERDALE, FL 00000            |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | VALLIER, ROBERT                    |
| STREET ADDRESS             | 6950 ROYAL PALM BLVD               |
| CITY-ST-ZIP                | MARGATE FL                         |
| TITLE                      | SD <input type="checkbox"/> Delete |
| NAME                       | NELSON, GRACE E                    |
| STREET ADDRESS             | 111 NE 56TH STREET                 |
| CITY-ST-ZIP                | FT LAUDERDALE, FL 00000            |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 15 954-491-4496

CR2E037 (9/99)