

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90011 019 \*\*\*\*61.25

**DOCUMENT # 748252**

1. Entity Name

**PEACE MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

**11500 N.W. 17 AVE.  
 MIAMI FL 33167**

Mailing Address

**11500 N.W. 17 AVE.  
 MIAMI FL 33167**

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

**65-0070278**

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

**MCCLOUD, REV. T.W.  
 3025 N.W. 205TH STREET  
 MIAMI FL 33055**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME MCCLOUD, REV. T.W.(PAS) ☐ Delete  
 STREET ADDRESS 3025 N.W. 205 ST.  
 CITY-ST-ZIP MIAMI FL

TITLE D  
 NAME EADDY, NELLIE ☒ Delete  
 STREET ADDRESS 2510 N.W. 153RD STREET  
 CITY-ST-ZIP MIAMI FL

TITLE SD  
 NAME LENO, GWEN R. ☐ Delete  
 STREET ADDRESS 300 SW 29TH TERR  
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE CDB  
 NAME ALEXANDER, WILLIAM J ☒ Delete  
 STREET ADDRESS 4010 NW 186TH ST  
 CITY-ST-ZIP MIAMI FL

TITLE D  
 NAME VEREEN, MARY P ☐ Delete  
 STREET ADDRESS 3330 NW 176TH TERR  
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME DEBRA HART ☐ Change ☒ Addition  
 STREET ADDRESS 18540 N.W. 23rd AVE  
 CITY-ST-ZIP OPA LOCKA, FLA. 33056

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME EDDIE RANDLE SR. ☐ Change ☒ Addition  
 STREET ADDRESS 8301 N.W. 23 AVENUE  
 CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Reuben W. McCcloud*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/02*  
 Date

*(305) 681-4681*  
 Daytime Phone #

CR2E037 (9/01)