

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750819

1. Entity Name

INTERNATIONAL PENTECOSTAL CITY MISSION PRAYER CE

Principal Place of Business

856 NW 29 ST.
MIAMI FL 33127

Mailing Address

913 NW 29 TERR
MIAMI FL 33127-3802
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

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

SMELLIE, REVEREND ENID A.
913 NORTHWEST 29TH TERRACE
MIAMI FL 33127

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 PD
NAME WALTERS, BSHP.DELROSE L.
STREET ADDRESS 913 N.W. 29TH TERRACE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME JONES,BISHOP BALZILLA E.
STREET ADDRESS 913 N.W. 29TH TERRACE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD
NAME DORSEY,BISHOP ODELINE W.
STREET ADDRESS 913 N.W. 29TH TERRACE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME SMELLIE, REV. ENID A.
STREET ADDRESS 913 N.W. 29TH TERRACE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

ENID A. SMELLIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)