

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90300 005 ****70.00

DOCUMENT # 760551

1. Entity Name

**ST. STEPHENS A.M.E. CHURCH OF CAROL CITY, FLORID
A, INC.**

Principal Place of Business

Mailing Address

**3400 N.W. 215TH STREET
CAROL CITY FL 33056-1062**

**3400 N.W. 215TH STREET
CAROL CITY FL 33056-1062**

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

05-0374200

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

**GIVINS, JAMES C
3400 NW 215 ST (CHURCH)
CAROL CITY FL 33056**

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	T	<input type="checkbox"/> Delete
NAME	SMITH, LUCILLE	
STREET ADDRESS	3500 N W 211TH ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIVINS, JAMES C	
STREET ADDRESS	3400 N.W. 215 ST.	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, BETTY	
STREET ADDRESS	9331 DUNHILL DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEWITT, JAMES	
STREET ADDRESS	3260 ENSENADA WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2002

CR2E037 (9/01)