

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766156

1. Entity Name

THE CHURCH OF DIVINE MISSION, INC.

Principal Place of Business

910 NW 2nd Ct
Miami, FL 33136
US

Mailing Address

P.O. Box 610755
North Miami, FL
33261-0755

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

59-2276360

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

King, Clennon (Rabbi)
910 NW 2nd Ct
Miami, FL 33136

7. Name and Address of New Registered Agent

Name: Martin Siskind
Street Address (P.O. Box Number is Not Acceptable):
2200 N.W. 2nd Ave
City: Miami FL Zip Code: 33127

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

Martin Siskind (Martin Siskind), Manager

2-12-01

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	STM	<input checked="" type="checkbox"/> Delete
NAME	King, Clennon (Rabbi)	
STREET ADDRESS	910 NW 2nd Ct	
CITY-ST-ZIP	Miami, FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bell, Dr. Clifford	
STREET ADDRESS	Sage Memorial Hospital	
CITY-ST-ZIP	Maricopa, Arizona	
TITLE	D	<input type="checkbox"/> Delete
NAME	Nelson, Valencia	
STREET ADDRESS	513 Lara Lane	
CITY-ST-ZIP	Anniston, Alabama 36206	
TITLE	V STM	<input checked="" type="checkbox"/> Delete
NAME	Keaton, Antoinette	
STREET ADDRESS	277 NW 9th St.	
CITY-ST-ZIP	Miami, FL 33136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Cohen, David M (MD)	
STREET ADDRESS	4302 Alton Rd, #530	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Casino, Leo	
STREET ADDRESS	300 NE 57th St.	
CITY-ST-ZIP	Miami, FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Muriel A.	
STREET ADDRESS	7370 Torrey St., Unit 215	
CITY-ST-ZIP	San Diego, CA 92139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Lee	
STREET ADDRESS	195 Keyatta Dr.	
CITY-ST-ZIP	San Diego, CA 92114	
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:

Muriel A. King (Muriel A. King)

Date

Daytime Phone #

2-12-01 419-528-2432

CR2E037 (11/00)