

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007372

1. Entity Name

CARPENTER PLACE MINISTRIES, INC.

Principal Place of Business

19301 N.W. 19TH CT.
MIAMI FL 33056

Mailing Address

19301 N.W. 19TH CT.
MIAMI FL 33056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02-01-2001 90192 048 ***61.25

09-13-2001 90006 018 ***61.25

N00000007372 FILED

SECRETARY OF STATE
DIVISION OF CORPORATION

OCT -1 PM 2:30



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1062351

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MACK D
19301 N.W. 19TH CT.
MIAMI FL 33056

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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	D	Delete
NAME	HEARD, KIM V	
STREET ADDRESS	8400 N.W. 32ND CT.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ALLIE V	
STREET ADDRESS	19301 N.W. 19TH CT.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, KAREN E	
STREET ADDRESS	1420 N.W. 199TH ST.	
CITY-ST-ZIP	MIAMI FL 33056	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Heard, Kim V	
STREET ADDRESS	8400 N. W. 32nd Ct.	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Davis, Allie V	
STREET ADDRESS	19301 N.W. 19th Ct.	
CITY-ST-ZIP	Miami, FL 33056	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	QUEEN, E. DEAN	
STREET ADDRESS	18030 N.W. 18th Ave	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-01 3056231680

Date

Daytime Phone #

One & Done