

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90018 023 \*\*\*\*61.25

**DOCUMENT # N00000008220**

1. Entity Name

**JESUS PEOPLE PROCLAIM INTERNATIONAL MINISTRIES C**

Principal Place of Business

C/O WILLIAM THOMPSON SR.  
 4055 NW 183RD ST  
 MIAMI FL 33055

Mailing Address

C/O WILLIAM THOMPSON SR.  
 4055 NW 183RD ST  
 MIAMI FL 33055

2. Principal Place of Business

*Jesus People Proclaim Int'l*

3. Mailing Address

*310 Esplanade #50A*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite #50A*

City & State

*Boca Raton, FL*

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

*33432*

*USA*

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM SR  
 4055 NW 183RD ST  
 MIAMI FL 33055-2830

7. Name and Address of New Registered Agent

Name *William Thompson*

Street Address (P.O. Box Number is Not Acceptable)

*310 Esplanade Suite 50A*

City *BOCA RATON*

FL

*33432*

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

*William A. Thompson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/16/2001*

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	<input type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM SR	
STREET ADDRESS	18812 NW 53RD AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DV	<input type="checkbox"/> Delete
NAME	THOMPSON, CYNTHIA L	
STREET ADDRESS	18812 NW 53RD AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS JR, ISAIAH S BISHOP	
STREET ADDRESS	16206 NW 83RD ST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, GLORIA Y	
STREET ADDRESS	16206 NW 83RD ST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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		<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		
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		

CR2E037 (10/00)

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:

*William A. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/2001*

DATE

*561-361-0610*

Daytime Phone #