

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90092 025 ****70.00

DOCUMENT # N00000008220

1. Entity Name

JESUS PEOPLE PROCLAIM INTERNATIONAL MINISTRIES CHURCH, INC.

Principal Place of Business

Mailing Address

JESUS PEOPLE PROCLAIM INT'L
 4055 NW 183RD ST
 MIAMI FL 33065

310 ESPLANADE
 SUITE #50A
 BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

3200 N. FED. HWY.
 (Suite) Apt. #, etc.
 105

3200 N. FED. HWY.
 (Suite) Apt. #, etc.
 105

City & State
 Boca Raton, FLA.

City & State
 Boca Raton, FLA.

Zip
 33431

Country
 U.S.A.

Zip
 33431

Country
 U.S.A.

4. FEI Number

05-1091900
APPLIED FOR

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

7. Name and Address of New Registered Agent

THOMPSON, WILLIAM SR
 310 ESPLNAYE
 SUITE 50-A
 BOCA RATON FL 33432

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 *William A. Thompson, Sr.*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/7/02
 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	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		

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		

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, Sr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
 Date

561-361-0610
 Daytime Phone #

CR2E037 (9/01)