


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

05-12-2003 90193 044 ****61.25

DOCUMENT # N01000001100					
1. Entity Name MIAMI LAKES GOSPEL ASSEMBLY, INC.					
Principal Place of Business 20000 NW 47TH AVE. OPALOCKA FL 33065		Mailing Address 20000 NW 47TH AVE. OPALOCKA FL 33065		33098377 <div style="background-color: black; width: 200px; height: 30px; margin: 10px auto;"></div>	
2. Principal Place of Business 20000 NW 47 AVE Suite, Apt. #, etc.		3. Mailing Address 975 NW 102 ST Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL 33180		4. FEI Number 65-1091831	
Zip 33055		Country DADE county		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THELUSMA, JEAN F 835 NW 102 ST. MIAMI FL 33150				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Jean F. Thelusma</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 06-07-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THELUSMA, JEAN F		NAME		
STREET ADDRESS	835 NW 102 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREVILLE, EMMANUEL P		NAME		
STREET ADDRESS	1698 NE 151ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33162		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINCENT, MONIQUE B		NAME		
STREET ADDRESS	16212 SW 18TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Jean F. Thelusma</i></u>		SIGNATURE REQUIRED <u><i>Jean F. Thelusma</i></u> 06-07-03			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

CR2E037 (10/02)