

9/11

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90065 019 \*\*\*\*70.00

**DOCUMENT # N01000004313**

1. Entity Name

**PROTESTANTS ACTING TOGETHER FOR HEALING, INC.**

Principal Place of Business

Mailing Address

1866 NW 51 TERRACE  
MIAMI FL 33142-37271866 NW 51 TERRACE  
MIAMI FL 33142-3727

42826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, VINCENT  
1866 NW 51 TERRACE  
MIAMI FL 33142-3727

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BROWN, ANTHONY  
STREET ADDRESS 1571 NW 15 AVE  
CITY-ST-ZIP MIAMI FLTITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME CUMMINGS, ERIK  
STREET ADDRESS 5005 NW 173 DR.  
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME COATS, MARK  
STREET ADDRESS 11001 SW 218 ST  
CITY-ST-ZIP MIAMI FLTITLE M/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME ELLIS, GEORGE JR  
STREET ADDRESS 7900 NE 2ND AVE  
CITY-ST-ZIP MIAMI FLTITLE M/D ☐ Change ☒ Addition  
NAME Ward, Lester  
STREET ADDRESS 10401 N.W. 8th Street  
CITY-ST-ZIP Miami, FL 33150TITLE D ☐ Delete  
NAME EWING, PIERCE  
STREET ADDRESS 14700 LINCOLN RD  
CITY-ST-ZIP MIAMI BEACH FLTITLE V ☐ Change ☒ Addition  
NAME Ross, Ralph  
STREET ADDRESS 301 N.W. 9th Street  
CITY-ST-ZIP Miami, FL 33136TITLE D ☐ Delete  
NAME HORTON, G. DAVID  
STREET ADDRESS 17025 NW 22 AVE  
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (4/02)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-4-02 305 696 1495