

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90378 026 ****61.25

DOCUMENT # N01000005991

1. Entity Name

WILLIE R. SINGLETON COMMUNITY DEVELOPMENT MINISTRIES, INC.

Principal Place of Business

1015 NW 4TH ST.
BOYNTON BCH FL 33435

Mailing Address

1572 W. 36TH ST.
RIVIERA BCH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1015 NW 4th Street

Suite, Apt. #, etc.

1572 W. 36th Street

City & State

Boynton Beach, FL

City & State

Riviera Beach, FL

Zip

33435

Country

Palm Beach

Zip

33435

Country

Palm Beach

6. Name and Address of Current Registered Agent

SHANNON, TIMOTHY L
1009 GREEN PINE BLVD. A3
W. PALM BCH FL 33409

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 reinstating)

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
NAME: SINGLETON, WILLIE R
STREET ADDRESS: 1527 W. 36TH FLOOR
CITY-ST-ZIP: RIVIERA BCH FL 33404 ☐ Delete

TITLE: VD
NAME: SINGLETON, ELLA MAE
STREET ADDRESS: 1527 W. 36TH FLOOR
CITY-ST-ZIP: RIVIERA BCH FL 33404 ☐ Delete

TITLE: SO
NAME: SINGLETON-SPENCE, SHAREN
STREET ADDRESS: 104 CHAMPION RUN
CITY-ST-ZIP: W. PALM BCH FL 33407 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

RECEIVED

071502

AUSTIN, TEXAS

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: Willie R. Singleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)