

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

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 037 ****70.00

DOCUMENT # **NO1000007017**

1. Entity Name

**DISCIPLES OF JESUS MINISTRY
INC.**



DO NOT WRITE IN THIS SPACE

V
40081788

2. Principal Place of Business

10735 S.W. 166 Terrace

Suite, Apt. #, etc.

3. Mailing Address

10735 S.W. 166 Terrace

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

Zip

33157

Country

4. FEI Number

91-2170505

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MCKENZIE, GEM. M.

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

10735 S.W. 166 Terrace

City

MIAMI

FL

Zip Code

33157

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IN THIS SPACE**

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

Gem M. McKenzie

(NOTE: Registered Agent signature required when re-registering)

April 17th, 2007

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MCKENZIE, GEM**
STREET ADDRESS **10735 S.W. 166 Terrace**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **V.P.**
NAME **WRAY, LION**
STREET ADDRESS **8335 N.W. 66 STREET**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D**
NAME **SINGH, SEDNA**
STREET ADDRESS **19000 S.W. 121 ST. AVE**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **D**
NAME **HARPER, ETHELINE**
STREET ADDRESS **14617 S.W. 128 St Road**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gem M. McKenzie** **GEM M. MCKENZIE** **April 17th, 2007** **786-262-2741**

CR2E037B (12/02)