

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

FILED
May 05, 2003 8:00 am
Secretary of State

4/17/

04-17-2003 90161 043 ****61.25

DOCUMENT # N02000000994

1. Entity Name

GREATER NEW MOUNT CARMEL (GNMC) ECONOMIC DEVELOPMENT CORPORATION



Principal Place of Business
**2450 NORTHWEST 22ND STREET
FORT LAUDERDALE FL 33311**

Mailing Address
**2450 NORTHWEST 22ND STREET
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0625384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTIAN, DAISY MAE
4848 NORTHWEST 24TH COURT, APT. 233
LAUDERDALE LAKES FL 33313**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **President**
NAME **Rev. Dr. Willie Cleveland Bell, JR.**
STREET ADDRESS **3430 N.W. 2nd Street**
CITY-ST-ZIP **Fort Lauderdale, Florida 33311**

☐ Delete

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

TITLE ☒ **Vice President**
NAME **Deacon Cleveland Bell III**
STREET ADDRESS **2760 NW 58th Terrace**
CITY-ST-ZIP **Lauderhill, Florida 33313**

☐ Delete

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

TITLE ☒ **Secretary**
NAME **Mrs. Daisy Christian**
STREET ADDRESS **4848 NW 24th Court # 233**
CITY-ST-ZIP **Lauderdale Lakes, Florida 33313**

☐ Delete

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

TITLE ☒ **Treasurer**
NAME **Mr. Jonas Jacobs**
STREET ADDRESS **1230 NE 12th Avenue # 1**
CITY-ST-ZIP **Fort Lauderdale, Florida 33304**

☐ Delete

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

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

☐ Delete

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

☐ Delete

TITLE ☐ **Change** ☐ **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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03 (954) 739-7844

CR2E037 (10/02)