

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90112 040 ****71.25

DOCUMENT # **N02000001236**

1. Entity Name

COCONUT GROVE MINISTERIAL ALLIANCE, INC.



Principal Place of Business

**3415 GRAND AVENUE
MIAMI FL 33133**

Mailing Address

**3415 GRAND AVENUE
MIAMI FL 33133**

2. Principal Place of Business

3616 DAY AVE

Suite, Apt. #, etc.

3. Mailing Address

3616 Day Ave.

Suite, Apt. #, etc.

Miami

City & State

Miami FL

City & State

Miami, FL 33133

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

02-0581069

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

**MARKO, DAVID E
3001 S.W. 3RD AVENUE
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **Rev. Willie Leonard**
Street Address (P.O. Box Number is Not Acceptable)
3616 DAY AVE
City **Miami** FL Zip Code **33133**

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

Rev. Willie Leonard **Rev Willie Leonard**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, G. WAYNE REV.	
STREET ADDRESS	3415 GRAND AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, WILLE REV.	
STREET ADDRESS	3415 GRAND AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES REV.	
STREET ADDRESS	3415 GRAND AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, KENTON REV.	
STREET ADDRESS	3415 GRAND AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:

Rev. Willie Leonard **Willie Leonard** **2-22-03** **305-443-5883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone #

CR2E037 (10/02)