

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

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90125 040 \*\*\*\*70.00

**DOCUMENT # N02000002191**

1. Entity Name  
**MAJESTIC KINGDOM MINISTRIES, INC.**

Principal Place of Business  
119985 S.W. 217TH ST.  
MIAMI, FL 33170

Mailing Address  
P.O. BOX 924408  
HOMESTEAD, FL 33092

2. Principal Place of Business  
**3998 N.W. 167st.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 924408**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**  
Zip  
**33054**  
Country  
**USA**

City & State  
**Homestead, FL**  
Zip  
**33092**  
Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**04-3636241**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

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. 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 installing) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURHAM, DARNELL 119985 S.W. 217TH ST. MIAMI, FL 33170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERGUSON, MABLE 119985 S.W. 217TH ST. MIAMI, FL 33170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, CORLIS 119985 S.W. 217TH ST. MIAMI, FL 33170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, JOHN III 119985 S.W. 217TH ST. MIAMI, FL 33170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:**

*Mable Ferguson (VP)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/03 (786) 306-7998**  
Date Daytime Phone #

CR2E037 (10/02)