

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90215 012 \*\*\*\*70.00

**DOCUMENT # NO2000007511**

1. Entity Name

**MISSION FOR GOD DISCIPLES INC.**



Principal Place of Business

**641 S.W. 30 AVE.  
FT. LAUDERDALE FL 33312**

Mailing Address

**641 S.W. 30 AVE.  
FT. LAUDERDALE FL 33312**

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

**54-2080104**

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

**BIAS, JAMES E  
3201 DAVIE BLVD.  
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

**James E Bias**

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

**2099 W Prospect Rd**

**Ft Lauderdale FL 33309**

City

**FL**

Zip Code

**33309**

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 **James E Bias**

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

(NOTE: Registered Agent signature required when reinstating)

**1/23/03**

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          | <b>P</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>FELIX, EDGAR</b>            |                                 |
| STREET ADDRESS | <b>641 S.W. 30TH AVE.</b>      |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33312</b> |                                 |
| TITLE          | <b>V</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>ALCINME, MARY</b>           |                                 |
| STREET ADDRESS | <b>310 S.W. 27TH TERR</b>      |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33312</b> |                                 |
| TITLE          | <b>T</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>FELIX, LACANIE</b>          |                                 |
| STREET ADDRESS | <b>641 S.W. 30 AVE.</b>        |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33312</b> |                                 |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>FELIX, CUELANDE</b>         |                                 |
| STREET ADDRESS | <b>641 S.W. 30 AVE.</b>        |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33312</b> |                                 |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>BLAIS, MARIE R</b>          |                                 |
| STREET ADDRESS | <b>1901 NE 59 WAY</b>          |                                 |
| CITY-ST-ZIP    | <b>LAUDERHILL FL 33313</b>     |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MARIE ALCIME</b>              |                                                                              |
| STREET ADDRESS | <b>340 SW 27 TERR.</b>           |                                                                              |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33312 T</b> |                                                                              |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>LAVANIE Felix</b>             |                                                                              |
| STREET ADDRESS | <b>641 SW 30 AVE</b>             |                                                                              |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33312</b>    |                                                                              |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>641 SW 30 AVE</b>             |                                                                              |
| STREET ADDRESS | <b>FT LAUDERDALE FL 33312</b>    |                                                                              |
| CITY-ST-ZIP    | <b>Felix Guerlande</b>           |                                                                              |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BLAISE MARIE R.</b>           |                                                                              |
| STREET ADDRESS | <b>1901 NW 59 WAY</b>            |                                                                              |
| CITY-ST-ZIP    | <b>LAUDERHILL FL 33313</b>       |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>NATHALIE ALCIME</b>           |                                                                              |
| STREET ADDRESS | <b>310 S.W. 27TH TERR.</b>       |                                                                              |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33312</b>   |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

CR2E037 (10/02)