

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

FILED
Sep 02, 2003 8:00 am
Secretary of State

05-05-2003 90202 037 ****61.25

DOCUMENT # N02000007877

1. Entity Name

PHYLLIS HILL MINISTRIES INC.



Principal Place of Business

**6257 N.W. 18TH AVENUE
MIAMI FL 33147**

Mailing Address

**6257 N.W. 18TH AVENUE
MIAMI FL 33147**

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

81-0588082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEAVER, WILLIE
6257 N.W. 18TH AVENUE
MIAMI FL 33147**

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
**Willie Weaver (V/P)
6257 N.W. 18th AVE
MIAMI, FLA 33142**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
**Phyllis Hill (P)
15901 N.W. 17th Ct.
OPA LOCKA, FLA. 33054**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
**AIDA Wilson (S)
15901 N.W. 17th Ct
OPA LOCKA, FLA 33054**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
**JACOB Wilson (D)
16201 N.W. 19th AVE
OPA LOCKA, FLA 33054**

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

TITLE NAME ☐ Change ☐ Addition
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

Phyllis Hill
PHYLLIS HILL

8/22/03 786-487-9641

CR2E037 (4/03)

Attachment

55055376

N02 000007877 8/22/23

To Whom It May Concern

I have already sent in two forms and my fee

Please call if more info is needed.

Thank You

Pastor Phyllis Hill
781-487-9641