

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18156

1. Entity Name

"MY CHURCH UPON THIS ROCK" (INC.)

Principal Place of Business

%CORTLEY MAE FLETCHER
6253 SW 62 COURT
MIAMI FL 33143

Mailing Address

%CORTLEY MAE FLETCHER
6253 SW 62 COURT
MIAMI FL 33143

2. Principal Place of Business

Cortley mae Fletcher

3. Mailing Address

6253 S.W. 62 CT

Suite, Apt. #, etc.

6253 S.W. 62 CT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33143

Country

Dade

Zip

33143

Country

Dade

4. FEI Number

65-0273905

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, BISHOP W
6253 SW 62 COURT
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name Cortley mae Fletcher

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

6253 S.W. 62 CT

Miami

City

FL

33143

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.

SIGNATURE

Cortley mae Fletcher

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

(NOTE: Registered Agent signature required when reinstating)

1-8-2001

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLETCHER, BISHOP WILLIE	
STREET ADDRESS	6253 SW 62 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FLETCHER, COURTLEY MAE	
STREET ADDRESS	6253 SW 62 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILCOX, SHARON GRAHAM	
STREET ADDRESS	6253 SW 62 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLETCHER, THERESA ANN	
STREET ADDRESS	6253 SW 62 COURT	
CITY-ST-ZIP	MIAMI FL	
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	
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 like empowered.

SIGNATURE:

Bishop W Fletcher

1-8-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0040142

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90097 035 ****70.00



DO NOT WRITE IN THIS SPACE