2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am Secretary of State **DOCUMENT # N21712** WING TEMPLE EVANGELICAL CHURCH OF CHRIST INC. 02-08-2000 90104 001 ****66.25 Mailing Address Principal Place of Business 4132 NW 181ST LANE 4132 NW 181ST LANE 5598 MIAMI FL 33055 MIAMI FL 33055-3429 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2826095 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, ROY 4132 NW 181ST LANE MIAMI FL 33055 FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to "FILE NOW:" 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete JOHNSON, ROY NAME NAME STREET ADDRESS STREET ADDRESS 12501 NW 21ST CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Change ☐ Addition VD ☐ Delete TITLE JOHNSON, HYACINTH NAME NAME STREET ADDRESS STREET ADDRESS 12501 NW 21ST CT CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition TITLE TITLE \$D ☐ Delete WILLIAMS, NADINE NAME NAME STREET ADDRESS STREET ADDRESS 320 NW 149TH ST CITY-ST-7iP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE SALMON, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 359 MERIDIAN AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

<u> 305.620 -4434</u> SIGNATURE

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 attac