

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90150 043 ****61.25

DOCUMENT # N21877

1. Entity Name

SEVENTH DAY CHURCH OF GOD INTERNATIONAL MINISTRI ✓

Principal Place of Business

Mailing Address

735 OPALOCKA BLVD.
 MIAMI FL 33168-2928

735 OPALOCKA BLVD.
 MIAMI FL 33168-2928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0023077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCEWAN, FELIX F.
735 OPALOCKA BLVD.
MIAMI FL 33161

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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input type="checkbox"/> Delete
NAME	MCEWAN, FELIX F.
STREET ADDRESS	10945 SW 152 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> Delete
NAME	SEWELL, SELVYN
STREET ADDRESS	2710 NW 28 ST
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCLEAN, SAMUEL
STREET ADDRESS	7656 GROVE RD
CITY-ST-ZIP	LANTANA FL
TITLE	D <input type="checkbox"/> Delete
NAME	SPENCER, DAVID
STREET ADDRESS	7656 GROVE RD
CITY-ST-ZIP	LANTANA FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCNEIL, MICHAEL
STREET ADDRESS	7618 REMONA ST
CITY-ST-ZIP	MIRAMAR FL
TITLE	D <input type="checkbox"/> Delete
NAME	SELWYN, JOSEPH
STREET ADDRESS	15171 N.E. 8 AVE
CITY-ST-ZIP	MIAMI FL

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
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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, name, or other like empowered.

SIGNATURE:

RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00

Date

Daytime Phone #

CR2E037 (9/99)