

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23049

1. Entity Name

STREET CHURCH MINISTRIES, INC.

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90367 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4802 SW 51ST ST  
DAVIE FL 33328  
US

Mailing Address

4802 SW 51ST ST  
DAVIE FL 33328  
US

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

65-0133818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENEBY, GEORGE MILTON  
2816 S.W. 4TH STREET  
FT. LAUDERDALE FL 33312

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.

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

TITLE PD  
NAME BENEBY, GEORGE MILTON ☐ Delete  
STREET ADDRESS 2816 S.W. 4TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD  
NAME BENEBY, ALICE L. ☐ Delete  
STREET ADDRESS 2816 S.W. 4TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD  
NAME MOSS ELISHA JR. ☐ Delete  
STREET ADDRESS 5014 SW 23 ST  
CITY-ST-ZIP WEST HOLLYWOOD FL 33023

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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: *George M. Beneby* / GEORGE M. BENEBY

4/11/02

954-587-1778  
954-632-1884-cell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)