

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90036 033 ****70.00

DOCUMENT # N50190

1. Entity Name

GOULDS COALITION OF MINISTERS AND LAY PEOPLE, IN

Principal Place of Business

Mailing Address

10705 SW 216 STREET
 D-218
 GOULDS FL 33170
 US

PO BOX 96
 GOULDS FL 33170
 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

59-2824419

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, CHARLES L.
10720 SW 218 ST
GOULDS FL 33170

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 | CCD | <input type="checkbox"/> Delete |
| NAME | ADAMS, ALICE | |
| STREET ADDRESS | 22365 SW 112 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33170 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, CHARLES L | |
| STREET ADDRESS | 10720 SW 218TH ST | |
| CITY-ST-ZIP | GOULDS FL 33170 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | GREER, TED J | |
| STREET ADDRESS | 9771 SW 216TH TERR | |
| CITY-ST-ZIP | GOULDS FL 33190 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BROUSSARD, BARBARA | |
| STREET ADDRESS | 14841 PIERCE AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ANDERSON, EVELYN B | |
| STREET ADDRESS | 9760 SW 167TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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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| 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: Charles L Williams [CHARLES L WILLIAM 1/28/2000]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)