

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90481 032 ****75.00

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

4. FEI Number

59-2824419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ADAMS, ALICE

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

22365 SW 112th PLACE

City

GOULDS

FL

Zip Code

33170

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 **ADAMS, ALICE (MRS)**

Alice Adams

MARCH 1st, 2001

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** Delete
 NAME **ADAMS, ALICE**
 STREET ADDRESS **22365 SW 112 PLACE**
 CITY-ST-ZIP **MIAMI FL 33170**

TITLE **CCD** Change Addition
 NAME **GREER, TED J**
 STREET ADDRESS **9771 SW 216TH TERR**
 CITY-ST-ZIP **GOULDS, FL 33190**

TITLE **D** Delete
 NAME **WILLIAMS, CHARLES L**
 STREET ADDRESS **10720 SW 218TH ST**
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE **D** Change Addition
 NAME **ADAMS, ALICE**
 STREET ADDRESS **22365 SW 112TH PLACE**
 CITY-ST-ZIP **GOULDS, FL 33170**

TITLE **CD** Delete
 NAME **GREER, TED J**
 STREET ADDRESS **9771 SW 216TH TERR**
 CITY-ST-ZIP **GOULDS FL 33190**

TITLE **CD** Change Addition
 NAME **WILLIAMS, CHARLES L**
 STREET ADDRESS **10720 SW 218TH ST**
 CITY-ST-ZIP **GOULDS, FL 33170**

TITLE **TD** Delete
 NAME **BROUSSARD, BARBARA**
 STREET ADDRESS **14841 PIERCE AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **ANDERSON, EVELYN B**
 STREET ADDRESS **9760 SW 167TH STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **EVERETT, MAE**
 STREET ADDRESS **16243 SW 107TH AVE**
 CITY-ST-ZIP **MIAMI, FL 33157**

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:

SIGNATURE REQUIRED

ADAMS, ALICE.

MARCH, 1st, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)