

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90092 014 \*\*\*\*70.00

**DOCUMENT # N50190**

1. Entity Name

**GOULDS COALITION OF MINISTERS AND LAY PEOPLE, IN C.**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, ALICE**  
**22365 SW 112TH PLACE**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>ADAMS, ALICE</b> STREET ADDRESS: <b>22365 SW 112 PLACE</b> CITY-ST-ZIP: <b>MIAMI FL 33170</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>CD</b> <b>WILLIAMS, CHARLES L</b> STREET ADDRESS: <b>10720 SW 218TH ST</b> CITY-ST-ZIP: <b>GOULDS FL 33170</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>CCD</b> <b>GREER, TED J</b> STREET ADDRESS: <b>9771 SW 216TH TERR</b> CITY-ST-ZIP: <b>GOULDS FL 33190</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Vice Chairman - Dr. Willie Wright</b> STREET ADDRESS: <b>18651 S.W. 128th Avenue</b> CITY-ST-ZIP: <b>Miami, FL 33177</b>
<input type="checkbox"/> Delete	<b>TD</b> <b>BROUSSARD, BARBARA</b> STREET ADDRESS: <b>14841 PIERCE AVE.</b> CITY-ST-ZIP: <b>MIAMI FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>S</b> <b>ANDERSON, EVELYN B</b> STREET ADDRESS: <b>9760 SW 167TH STREET</b> CITY-ST-ZIP: <b>MIAMI FL 33157</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>EVERETT, MAE</b> STREET ADDRESS: <b>16243 SW 107TH AVE</b> CITY-ST-ZIP: <b>MIAMI FL 33157</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *Alice Adams* **Ms. Alice Adams, January 30, 2002. (305) 233-2128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)