

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90569 039 *****70.00

DOCUMENT # N50190

1. Entity Name
GOULDS COALITION OF MINISTERS AND LAY PEOPLE, IN C.

Principal Place of Business
**10705 SW 216 STREET
D-218
GOULDS FL 33170
US**

Mailing Address
**PO BOX 96
GOULDS FL 33170
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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**

6. Name and Address of Current Registered Agent
**ADAMS, ALICE
22365 SW 112TH PLACE
GOULDS FL 33170**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ALICE 22365 SW 112 PLACE MIAMI FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, CHARLES L 10720 SW 218TH ST GOULDS FL 33170 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dr. Willie J. Wright I 18651 S.W.128th Avenue Miami, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WRIGHT, WILLIE 18651 S.W. 128TH AVE MIAMI FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Charman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mr. Charles L. Williams 10720 S.W.218th Street Goulds, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROUSSARD, BARBARA 14841 PIERCE AVE. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mrs. Evelyn B. Anderson 9760 S.W.167th Street Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, EVELYN B 9760 SW 167TH STREET MIAMI FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pastor. Clara Daniel 10730 S.W.217th Street Goulds, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERETT, MAE 16243 SW 107TH AVE MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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* **Alice Adams** January, 17, 2003 (305)233-2128

CR2E037 (10/02)