

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003078

1. Entity Name

PEACEFUL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

2230 ALIBABA AVE.
OPA-LOCKA FL 33054

Mailing Address

2230 ALIBABA AVE.
OPA-LOCKA FL 33054-3164

Principal Place of Business

Peaceful M. B. Church, Inc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Opa Locka, Florida

City & State

Zip

33054

Country

None

Zip

Country

4. FEI Number

65-0423413

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, WILLIE J REV
2230 ALIBABA AVE.
OPA-LOCKA FL 33054

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 P
NAME NELSON, WILLIE J REV
STREET ADDRESS 3770 N.W. 197 STREET
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE D
NAME LOWE, GEORGE W
STREET ADDRESS 15940 N.W. 18TH AVE.
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE D
NAME TARVER, WILLIE L
STREET ADDRESS 19211 N.W. 44 ST.
CITY-ST-ZIP OPA LOCKA FL 33055 ☐ Delete

TITLE SD
NAME BENTLEY, CYNTHIA N
STREET ADDRESS 18260 N.W. 22 CT.
CITY-ST-ZIP OPA LOCKA FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Willie J. Nelson January 25, 2000 (305) 625 0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90165 001 *****8.75

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DO NOT WRITE IN THIS SPACE