

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90031 026 ****70.00

LUUUUJ101



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000003078

1. Entity Name
PEACEFUL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address

2230 ALIBABA AVE. **2230 ALIBABA AVE.**
OPA-LOCKA FL 33054 **OPA-LOCKA FL 33054**

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 **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 *Rev Willie J Nelson* *January 8, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, WILLIE J REV	
STREET ADDRESS	3770 N.W. 197 STREET	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, GEORGE W	
STREET ADDRESS	15940 N.W. 18TH AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARVER, WILLIE L	
STREET ADDRESS	19211 N.W. 44 ST.	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENTLEY, CYNTHIA N	
STREET ADDRESS	18260 N.W. 22 CT.	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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NAME	
STREET ADDRESS	
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: *Rev Willie J Nelson* **DATE: *Jan 8, 2001***
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305) 620-8285

CR2E037 (10/00)