

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90634 027 ****70.00

DOCUMENT # N93000003078

1. Entity Name

PEACEFUL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Peaceful M. B. Church, Inc. 2230 Alibaba Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OPA-LOCKA Florida

OPA-LOCKA Florida

Zip

Country

Zip

Country

33054 Dade

33054 Dade

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

7. Name and Address of New Registered Agent

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

Name

Rev. Willie J. Nelson

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

2230 Alibaba Ave.

City

OPA-LOCKA Florida

FL

Zip Code

33054

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 22, 2002
 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 **P** ☐ Delete
 NAME **NELSON, WILLIE J REV**
 STREET ADDRESS **3770 N.W. 197 STREET**
 CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE ☐ Change ☐ Addition
 NAME **managing Director**
 STREET ADDRESS **Harriet Nelson**
 CITY-ST-ZIP **3770 N.W. 197 St.** ☐ Change ☒ Addition
Carol City Fla. 33055 **D**

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

TITLE ☐ Change ☒ Addition
 NAME **Harriet Nelson**
 STREET ADDRESS **3770 N.W. 197 St.**
 CITY-ST-ZIP **Carol City Fla. 33055**

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

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

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

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

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

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

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

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

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2002 - (305) 620 8285

CR2E037 (9/01)