

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004191

1. Entity Name

JESUS HEADQUARTER TEACHING AND TRAINING MINISTRI

Principal Place of Business

17414 S.W. 108 CT.
MIAMI FL 33157
US

Mailing Address

P.O. BOX 971476
MIAMI FL 33197-1476
US

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

65-0434637

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

SCOTT, LARRY L
P. O. BOX 971476
MIAMI FL 33197

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME SCOTT, LARRY L
STREET ADDRESS 17414 SW 108 COURT
CITY-ST-ZIP MIAMI FL

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

TITLE VP ☐ Delete
NAME SCOTT, THEODORA P
STREET ADDRESS 17414 SW 108TH COURT
CITY-ST-ZIP MIAMI FL

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

TITLE D ☒ Delete
NAME SMITH, LADENE
STREET ADDRESS 10930 SW 143RD TERR
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Change ☐ Addition
NAME michelle C. Merritt
STREET ADDRESS 7 325 S.W. 152 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ Delete
NAME LAMPKINS, ROBERT
STREET ADDRESS 10235 SW 172 ST
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME RIGGINS, RUTH
STREET ADDRESS 549 S.W. 17 TERR
CITY-ST-ZIP HOMESTEAD FL

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

TITLE D ☐ Delete
NAME SHELTON, CAROLYN
STREET ADDRESS 63523 NW 1ST AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ 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:

President Larry L Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90177 015 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)