

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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90192 007 \*\*\*\*61.25

**DOCUMENT # N93000005664**



1. Entity Name  
**THE MINISTRY OF RECONCILIATION INC.**

Principal Place of Business

**900 W 49 ST  
SUITE 506  
HIALEAH FL 33012  
US**

Mailing Address

**900 W 49 ST  
SUITE 506  
HIALEAH FL 33012  
US**

2. Principal Place of Business

**900 W 49 ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 506**

City & State

**Miami**

City & State

Zip

**33147**

Country

**FL**

Zip

Country

4. FEI Number **65-0458787**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILSON, LEONI  
3180 NW 98 ST  
MIAMI FL 33147**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD WILSON, LEONI**  
STREET ADDRESS **3180 NW 98 ST**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MORGAN, THAY**  
STREET ADDRESS **3130 NW 98 ST**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PEREZ, MARGARITA**  
STREET ADDRESS **514 EAST 17 STREET**  
CITY-ST-ZIP **HIALEAH FL 33147**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Leoni Wilson*  
**REQUIRED**

8/29/2003

305-825-8909

CR2E037 (10/02)