

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # N94000000571**

1. Entity Name

**SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINIS**

03-01-2001 91248 001 \*\*\*\*\*61.25  
 03-01-2001 91248 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

17325 NW 27TH AVENUE  
 SUITE 100  
 MIAMI FL 33064

17325 NW 27TH AVENUE  
 SUITE 100  
 MIAMI FL 33054

2. Principal Place of Business

3. Mailing Address

PO BOX 552124

PO BOX 552124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAROL CITY, FL

CAROL CITY, FL

Zip

Country

Zip

Country

33055-0124

USA

33055-0124

USA

4. FEI Number

65-0491594

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

Name

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

City

FL

Zip Code

STEWART, GERALD B  
 505 N LIBERTY ST  
 JACKSONVILLE FL 32202

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 D ☐ Delete  
 NAME MAGWOOD, TRACY B  
 STREET ADDRESS PO BOX 2103  
 CITY-ST-ZIP NORCROSS GA 30091

TITLE OT ☐ Delete  
 NAME LUMPKIN, ANGELO  
 STREET ADDRESS 5868 NW 199TH ST  
 CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ Delete  
 NAME PALMER, MICHAEL J  
 STREET ADDRESS 2409 SW 61 AVE  
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Delete  
 NAME PALMER, PAMELA C  
 STREET ADDRESS 2409 SW 61 AVE  
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Delete  
 NAME MAGWOOD, ANTONIO S  
 STREET ADDRESS PO BOX 2103  
 CITY-ST-ZIP NORCROSS GA 30091

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition  
 NAME LUMPKIN, ANGELO  
 STREET ADDRESS 2409 SW 61 AVE  
 CITY-ST-ZIP MIRAMAR, FL. 33023

TITLE D ☒ Change ☐ Addition  
 NAME PALMER, PAMELA C.  
 STREET ADDRESS 255 HONEY SUCKLE CIRCLE, APT 106  
 CITY-ST-ZIP LAWRENCEVILLE, GA. 30045

TITLE OT ☐ Change ☒ Addition  
 NAME CREME, MONIQUE  
 STREET ADDRESS 6441 SW 20 STREET  
 CITY-ST-ZIP MIRAMAR, FL. 33023

TITLE ☐ Change ☒ Addition  
 NAME PRESIDENT  
 NAME LUMPKIN, SARAH  
 STREET ADDRESS 2409 SW 61 AVE  
 CITY-ST-ZIP MIRAMAR, FL. 33023

TITLE ☐ Change ☒ Addition  
 NAME SECRETARY  
 NAME CAROL LEGGETT  
 STREET ADDRESS 2131 NW 171 Street  
 CITY-ST-ZIP OPA LOCKA, FL. 33056

TITLE D ☐ Change ☒ Addition  
 NAME ROSEMARY WILLIAMS  
 STREET ADDRESS 2976 NW 200 TERR  
 CITY-ST-ZIP MIAMI, FL. 33056

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:** *Antonio S. Magwood* **ANTONIO S. MAGWOOD** 2/24/01 (678) 442-8357  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)