

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001669

1. Entity Name

ONE BODY THE FAMILY OF GOD CHURCH, INC.

Principal Place of Business

15960 NW 21 AVE  
OPA LOCKA FL 33054

Mailing Address

15960 NW 21 AVE  
OPA LOCKA FL 33054-2038

2. Principal Place of Business

1075 N.E. 131<sup>st</sup> St.  
Suite, Apt. #, etc.

3. Mailing Address

1075 N.E. 131<sup>st</sup> St.  
Suite, Apt. #, etc.

City & State

N. Miami, Florida

City & State

N. Miami, Florida

4. FEI Number

58-2108499

Applied For

Not Applicable

Zip

33161-4212

Country

Dade

Zip

33161-4212

Country

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TYRONE A  
15960 NW 21 AVE  
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

SAME

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

1075 N.E. 131<sup>st</sup> St.

City

N. Miami,

FL

Zip Code

33161-4212

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, TYRONE A SR	
STREET ADDRESS	15960 NW 21 AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, BESSIE M	
STREET ADDRESS	15960 NW 21 AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, TYRONE A JR	
STREET ADDRESS	15960 NW 21 AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MARISA	
STREET ADDRESS	4361 HW 191ST TERR	
CITY-ST-ZIP	CAROL CITY FL 33059	
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	SAME	
STREET ADDRESS	1075 N.E. 131 <sup>st</sup> St.	
CITY-ST-ZIP	N. Miami, Fla. 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1075 N.E. 131 <sup>st</sup> St.	
CITY-ST-ZIP	N. Miami, Fla. 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1075 N.E. 131 <sup>st</sup> St.	
CITY-ST-ZIP	N. Miami, Fla. 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1441 N.E. 156 <sup>th</sup> Terr.	
CITY-ST-ZIP	N. Miami Beach, Fla. 33162	
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		

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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2000 305-899-0004

FILED  
Feb 19, 2000 8:00 am  
Secretary of State

02-19-2000 90020 045 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)