

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90119 026 ****70.00

DOCUMENT # N94000001669

1. Entity Name

ONE BODY THE FAMILY OF GOD CHURCH, INC.



Principal Place of Business

**1075 NE 131ST STREET
N MIAMI FL 33161-4212**

Mailing Address

**15960 NW 21ST AVE.
OPA LOCKA FL 33054**

90038073

2. Principal Place of Business

2151 N.E. 167th St. #1

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, Fla

City & State

SAME

Zip

33162

Country

USA

Zip

SAME

Country

USA

4. FEI Number **58-2108499**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, TYRONE A
1075 NE 131ST STREET
N MIAMI FL 33161-4212**

7. Name and Address of New Registered Agent

Name

SAME

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

2151 N.E. 167th St. #1

City

North Miami Beach, FL

Zip Code

33162

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

Tyrone A. Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, TYRONE A SR	
STREET ADDRESS	1075 NE 131ST STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, BESSIE M	
STREET ADDRESS	1075 NE 131ST STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, TYRONE A JR	
STREET ADDRESS	1075 NE 131ST STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MARISA	
STREET ADDRESS	1441 NE 156TH TERR	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

Tyrone A. Williams

1-16-03 305-354-8004

CR2E037 (10/02)