

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90164 050 \*\*\*\*70.00

**DOCUMENT # N94000002620**

1. Entity Name

**THE WORD OF LIFE MISSIONARY BAPTIST CHURCH, INCO**

Principal Place of Business

Mailing Address

**2275 NW 62ND ST  
 MIAMI FL 33147  
 US**

**P.O. BOX 471771  
 MIAMI FL 33247-1771**

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

**65-0495189**

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

**DUNN, RICHARD P II  
 1895 NW 57TH ST.  
 MIAMI FL 33142**

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 ☐ Delete  
 NAME **COBD**  
 STREET ADDRESS **DUNN, RICHARD P II**  
 CITY-ST-ZIP **1895 NW 57TH STREET**  
**MIAMI FL 33142**

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

TITLE ☐ Delete  
 NAME **VCH**  
 STREET ADDRESS **HICKS, DALE**  
 CITY-ST-ZIP **1167 NW 112TH TERRACE**  
**MAIMI FL 33168**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **PORTER, CLARA**  
 CITY-ST-ZIP **287 N.W. 58 ST.**  
**MIAMI FL 33127**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PACKINGHAM, RALPH**  
 CITY-ST-ZIP **1740 NW 55TH STREET**  
**MAIMI FL 33142**

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

TITLE ☐ Delete  
 NAME **DBOD**  
 STREET ADDRESS **KING, ROBERT JR**  
 CITY-ST-ZIP **3000 NW 69TH STREET**  
**MIAMI FL 33147**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COLEMAN, DWIGHT**  
 CITY-ST-ZIP **2910 NW 210TH TERR**  
**MIAMI FL 33056**

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:** *Richard P. Dunn* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-01**

Date

**(305) 637-1111**

Daytime Phone #

CR2E037 (10/00)