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

DOCUMENT # N94000002620

1. Entity Name

Word of Life Missionary Baptist Church, Inc

DO NOT WRITE IN THIS SPACE

B0139684

2. Principal Place of Business
2275 N.W. 62nd Street
Suite, Apt. #, etc.

3. Mailing Address
2275 N.W. 62nd Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, FL

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4. FEI Number 65-0495189 | Applied For | Not Applicable

Zip 33147 | Country U.S.A.

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5. Certificate of Status Desired ☑ | **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name Richard P. Dunn II

Street Address (P.O. Box Number is Not Acceptable)
1895 N.W. 57th Street

DO NOT WRITE IN THIS SPACE

City Miami | FL | Zip Code 33147

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

FEE IS $61.25
Initial or Amended UBR

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	CO&D	TITLE	
NAME	Dunn, Richard P. II	NAME	
STREET ADDRESS	1895 N.W. 57th St. Miami, FL 33142	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VCH	TITLE	
NAME	Hicks, Dale Miami,	NAME	
STREET ADDRESS	1167 N.W. 112th Terr. FL 33168	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Porter, Clara Miami,	NAME	
STREET ADDRESS	18900 N.E. 3rd Ct. Bldg 5 FL 33179	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE	P	TITLE	
NAME	King, Robert Jr. Miami, FL	NAME	
STREET ADDRESS	3000 N.W. 64th Street 33147	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Coleman, Dwight Miami, FL	NAME	
STREET ADDRESS	2910 N.W. 210th Terr. 33056	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _Richard P. Dunn II_   8-29-02   (305) 646-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037B (12/01)