

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90045 022 \*\*\*\*61.25

**DOCUMENT # N95000000660**

1. Entity Name

**GREATER ST. ADORKOR AFRICAN UNIVERSAL CHURCH, IN**

Principal Place of Business

**2212 ATLANTA STREET  
HOLLYWOOD FL 33020**

Mailing Address

**2212 ATLANTA STREET  
HOLLYWOOD FL 33020-1418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0664673**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BELL, JOHN JR  
2250 NW 175 STREET  
MIAMI FL 33055**

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 **D**  
STREET ADDRESS **BELL, JOHN JR**  
CITY-ST-ZIP **2250 NW 175 ST  
MIAMI FL 33050**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MITCHELL, BERNARD**  
CITY-ST-ZIP **16311 E BUNCHE PARK DR  
OPA LOCKA FL 33054**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PENN, HERBERT JR**  
CITY-ST-ZIP **754 SW THIRD ST  
DANIA FL 33004**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MATHIS, ARTHUR J**  
CITY-ST-ZIP **2360 NW 153 ST  
OPA LOCKA FL 33054**

TITLE ☐ Change ☒ Addition  
NAME **D Williams, Lornitha B.**  
STREET ADDRESS **20322 N.W. 36 Ave.**  
CITY-ST-ZIP **Miami, FL 33056**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ROBERTS, JAMES**  
CITY-ST-ZIP **25 NE 171 ST  
N MIAMI BEACH FL**

TITLE ☐ Change ☒ Addition  
NAME **Bowens, George (Reverend)**  
STREET ADDRESS **1821 N.W. 184 St.**  
CITY-ST-ZIP **Miami, FL 33056**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Glass, Irvin, Jr. (Reverend)**  
STREET ADDRESS **2319 Farragut St.**  
CITY-ST-ZIP **Hollywood, FL 33020**

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 REQUIRED**

**John Bell, Jr. 2/6/00 (305) 624-6652**

Date

Daytime Phone #

CR2E037 (9/99)