

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000660

1. Entity Name

GREATER ST. ADORKOR AFRICAN UNIVERSAL CHURCH, IN

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90088 020 ****61.25

0001279

Principal Place of Business

Mailing Address

2212 ATLANTA STREET
HOLLYWOOD FL 33020

2212 ATLANTA STREET
HOLLYWOOD FL 33020

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

65-0664673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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	D	<input type="checkbox"/> Delete
NAME	BELL, JOHN JR	
STREET ADDRESS	2250 NW 175 ST	
CITY-ST-ZIP	MIAMI FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, BERNARD	
STREET ADDRESS	16311 E BUNCHE PARK DR	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENN, HERBERT JR	
STREET ADDRESS	754 SW THIRD ST	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, ARTHUR J	
STREET ADDRESS	2360 NW 153 ST	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JAMES	
STREET ADDRESS	25 NE 171 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LORNIITA B	
STREET ADDRESS	20322 N.W. 36 AVE	
CITY-ST-ZIP	MIAMI FL 33056	

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	
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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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

305 624-6652

Daytime Phone #

CR2E037 (10/00)