

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001043

1. Entity Name

REACHING THE UNREACHED THROUGH THE WORD AND PRAY

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90076 019 ****61.25

Principal Place of Business

19120 N.W. MIAMI COURT
MIAMI FL 33169

Mailing Address

PO BOX 694754
MIAMI FL 33269-1754
US

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

65-0583665

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

DUGGAN, MAVIS R
19120 N.W. MIAMI COURT
MIAMI FL 33169

Name

DUGGAN, MAVIS R.

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

2030 NW 195th Street,

City

Opa-Locka

FL

Zip Code

33056

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 BARRETT, SANDRA
CITY-ST-ZIP 3460 NW 203RD ST
MIAMI FL 33056

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DUGGAN, DONNETTE
CITY-ST-ZIP 3616 SW 68TH LANE
MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DUGGAN, ISHBELL
CITY-ST-ZIP 3616 SW 68TH LANE
MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, RICARDO
CITY-ST-ZIP 6805 SW 20TH ST
MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DUGGAN, FEDERICK
CITY-ST-ZIP 165 NW 197TH ST
MIAMI FL 33169

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

TITLE ☒ Delete
NAME D
STREET ADDRESS KENDRICK, JAMES
CITY-ST-ZIP 1301 NW 95TH TERRACE
MIAMI FL 33147

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Noel Barrett,
CITY-ST-ZIP 3460 NW203rd St., Miami FL 33056

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:

Mavis R. Duggan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2000 (305) 626-2570

Date

Daytime Phone #

CR2E037 (9/99)