

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000001043**

1. Entity Name

**REACHING THE UNREACHED THROUGH THE WORD AND PRAY**

Principal Place of Business

**2030 NW 195TH STREET  
OPA LOCKA FL 33056  
US**

Mailing Address

**PO BOX 694754  
MIAMI FL 33269  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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  
2030 NW 195TH STREET  
OPA LOCKA FL 33056**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	BARRETT, SANDRA	3460 NW 203RD ST MIAMI FL 33056	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	DUGGAN, DONNETTE	3616 SW 68TH LANE MIRAMAR FL 33023	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	DUGGAN, ISHBELL	3616 SW 68TH LANE MIRAMAR FL 33023	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	BROWN, RICARDO	6805 SW 20TH ST MIRAMAR FL 33023	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	DUGGAN, FEDERICK	165 NW 197TH ST MIAMI FL 33169	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	BARNETT, NOEL	3460 NW 203RD ST OPA LOCKA FL 33056	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAVIS R. DUGGAN**

Date

**4-4-01**

Daytime Phone #

**(305) 626-2570****FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90025 035 \*\*\*\*61.25

**6583665**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)