

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003658

1. Entity Name

JESUS IS ALIVE MINISTRIES PRAISE AND WORSHIP CEN

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90058 016 ****61.25

Principal Place of Business

7100 NW 15TH CT
MIAMI FL
US

Mailing Address

7100 NW 15TH CT
MIAMI FL 33147-7040
US

2. Principal Place of Business

Jesus Is Alive Mins.
Suite, Apt. #, etc.

3. Mailing Address

7100 NW 15th CT.
Suite, Apt. #, etc.

City & State

Miami, Florida 33147

City & State

Miami, Florida 33147

Zip

Country

33147

US

Zip

33147

Country

US

4. FEI Number

65-0601001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, FREDDIE L
2923 NW 58 ST
MIAMI FL 33142

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, FREDDIE L	
STREET ADDRESS	2923 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, REBECCA	
STREET ADDRESS	2923 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, PETER	
STREET ADDRESS	388 W 58 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CONNIE	
STREET ADDRESS	388 W 58 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOMFIELD, WILLIE	
STREET ADDRESS	2115 NW 192 TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HAZEL	
STREET ADDRESS	1449 NE 154 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CAROLYN	
STREET ADDRESS	1775 NW 43rd ST	
CITY-ST-ZIP	MIAMI, FL 33142	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305885.3585

CR12E037 (9/99)