

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90027 040 \*\*\*\*70.00

**DOCUMENT # N96000000417**

1. Entity Name

**BELIEVER'S TEMPLE OF CHRIST FULL GOSPEL CHURCH, INC.**

Principal Place of Business

Mailing Address

**8036 N.W. 10TH COURT  
 MIAMI FL 33150  
 US**

**5435 NW 182 ST  
 MIAMI FL 33055  
 US**

2. Principal Place of Business

*Same as Above*

3. Mailing Address

*Same as Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0637738**

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

**THOMAS, WILLIE A  
 5435 NW 182 ST  
 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 **CD**  
 STREET ADDRESS **THOMAS, WILLIE A**  
 CITY-ST-ZIP **5435 NW 182 ST**  
**MIAMI FL 33055**

TITLE ☐ Change ☒ Addition  
 NAME **Trustee**  
 STREET ADDRESS **Doris Ivory Thomas**  
 CITY-ST-ZIP **5435 NW 182 Street**  
**OPALOCKA, FLA 33055**

TITLE ☐ Delete  
 NAME **TT**  
 STREET ADDRESS **ANDREWS, NELSON**  
 CITY-ST-ZIP **13000 W GOLF DR**  
**MIAMI FL 33167**

TITLE ☐ Change ☒ Addition  
 NAME **Trustee**  
 STREET ADDRESS **Sandra Andrews**  
 CITY-ST-ZIP **13000 W GOLF DR**  
**MIAMI, FL 33167**

TITLE ☐ Delete  
 NAME **AFS**  
 STREET ADDRESS **SMITH, ATTIE**  
 CITY-ST-ZIP **3871 N.W. 172ND TERR**  
**MIAMI FL 33055**

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

TITLE ☐ Delete  
 NAME **FST**  
 STREET ADDRESS **MCCULLOUGH, NASHEBA**  
 CITY-ST-ZIP **2927 NW 192ND LANE**  
**MIAMI FL 33056**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FERGUSON, VALERIE I**  
 CITY-ST-ZIP **130 NW 193 ST**  
**MIAMI FL 33169**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/21/02* *305-621-2285*  
*305-620-1052*

CR2E037 (9/01)