

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90011 010 \*\*\*\*61.25

**DOCUMENT # N96000002148**

1. Entity Name  
**THE WELCOMING MINISTRY, INC.**

Principal Place of Business <b>20521 NW 25TH AVENUE          OPA LOCKA FL 33055</b>	Mailing Address <b>20521 NW 25TH AVENUE          OPA LOCKA FL 33056-1545</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>The Same =</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0737290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HEPBURN, EARDLEY A  
 20521 NW 25TH AVENUE  
 OPA LOCKA FL 33055**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>HEPBURN, EARDLEY A</b>	
STREET ADDRESS <b>20521 NW 25TH AVENUE</b>	
CITY-ST-ZIP <b>OPA LOCKA FL 33055</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>HEPBURN, CLIFTON</b>	
STREET ADDRESS <b>20521 NW 25TH AVENUE</b>	
CITY-ST-ZIP <b>OPA LOCKA FL 33055</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>HEPBURN, GLORIA L</b>	
STREET ADDRESS <b>20521 NW 25TH AVENUE</b>	
CITY-ST-ZIP <b>OPA LOCKA FL 33055</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>HEPBURN, MERLINE L</b>	
STREET ADDRESS <b>20521 NW 25TH AVENUE</b>	
CITY-ST-ZIP <b>OPA LOCKA FL 33055</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Apr 2000* Daytime Phone #: *305 624 1466*

CR2E037 (9/99)