9/15/2002-90088-011-$61.25-$61.25

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 22 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002917

1. Entity Name
A DREAM COME TRUE MINISTRY, INC.

980590

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 505 N.W. 130th Street | P.O. Box 5534 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33168 Country: USA | Zip: 33269 Country: USA |

4. FEI Number: 31-1495403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: DAVID Allison McPherson

Street Address (P.O. Box Number is Not Acceptable): 505 NW 130 St

City: Miami FL Zip Code: 33168

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)

**FEE IS $61.25** Initial or Amended UBR

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: D | TITLE: |
| NAME: WOODARD, RUFUS D. | NAME: |
| STREET ADDRESS: 505 NW 130th Street | STREET ADDRESS: |
| CITY-ST-ZIP: Miami, FL 33168 | CITY-ST-ZIP: |
| TITLE: VD | TITLE: |
| NAME: TAYLOR, DERRICK | NAME: |
| STREET ADDRESS: 505 NW 130th Street | STREET ADDRESS: |
| CITY-ST-ZIP: Miami, FL 33168 | CITY-ST-ZIP: |
| TITLE: DS | TITLE: |
| NAME: WOODARD, ANTOINETTE | NAME: |
| STREET ADDRESS: 505 NW 130th Street | STREET ADDRESS: |
| CITY-ST-ZIP: Miami, FL 33168 | CITY-ST-ZIP: |
| TITLE: | TITLE: |
| NAME: | NAME: |
| STREET ADDRESS: | STREET ADDRESS: |
| CITY-ST-ZIP: | CITY-ST-ZIP: |
| TITLE: | TITLE: |
| NAME: | NAME: |
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| TITLE: | TITLE: |
| NAME: | NAME: |
| STREET ADDRESS: | STREET ADDRESS: |
| CITY-ST-ZIP: | CITY-ST-ZIP: |

**DO NOT WRITE IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 9/11/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 10/24/02