

FILED
Mar 09, 2001 8:00 am
Secretary of State

01-26-2001 90072 002 ****66.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003596**

1. Entity Name

GOD'S SERVANT MINISTRY, INC.

Principal Place of Business

1180 S.W. 18TH STREET
MIAMI FL 33177

Mailing Address

11910 S.W. 18TH STREET
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0683083

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

GRAY, JAMES

11910 S.W. 18TH STREET
MIAMI FL 33177

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 date if applicable.

NOTE: Registered Agent signature required when indicated.

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$8.00 May Be
Added to FormMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PRESIDENT - P.D.
NAME	JAMES GRAY	NAME	JAMES GRAY
STREET ADDRESS	11910 SW 18TH ST.	STREET ADDRESS	11910 SW 18TH ST
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FLORIDA 33177
TITLE	VPTD	TITLE	VICE PRESIDENT - V.P.D.
NAME	CALVIN GRAY	NAME	CALVIN GRAY
STREET ADDRESS	21355 SW 112 AVE.	STREET ADDRESS	21355 SW 112 AVE
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FLORIDA 33177
TITLE	SD	TITLE	SECRETARY - S.D.
NAME	MAVIS MORGAN	NAME	L.C. CRILDS
STREET ADDRESS	12335 SW 18TH TERRACE	STREET ADDRESS	18817 SW 113 COURT
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FLORIDA 33177
TITLE	D	TITLE	
NAME	L.C. CRILDS	NAME	
STREET ADDRESS	18817 SW 113 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 legal effect as if made under oath; that I am an officer or director of the corporation or the member 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 attached sheet in an address, with all other like information.

SIGNATURE:

[Signature]
 SIGNATURE AND TITLE OR NAME OF REGISTERED AGENT OR DIRECTOR

1-12-01 3052352373
 Date Filing