

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90088-050-\$61.25-\$61.25

DOCUMENT # N96000004061

1. Entity Name

CIRCLE, CHURCH OF OUR LORD JESUS CHRIST OF THE A

Principal Place of Business

Mailing Address

6500 SW 57TH COURT  
S. MIAMI FL 33143

6500 SW 57TH COURT  
S. MIAMI FL 33143-3683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0822604

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

JENKINS, FLORRIE  
6500 SW 57TH COURT  
S. MIAMI FL 33143

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	T	<input type="checkbox"/> Delete
NAME	JENKINS, RUFUS	
STREET ADDRESS	6500 SW 57TH COURT	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAUSE, LOUISE	
STREET ADDRESS	2141 NW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENKINS, BESSIE	
STREET ADDRESS	6500 SW 57TH STREET	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, DAVID	
STREET ADDRESS	765 N.W. 145TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PLOWDEN, DOROTHY	
STREET ADDRESS	5911 S.W. 62ND TERRACE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEASED	
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:

MARY LOUISE GAUSE

SIGNATURE REQUIRED

Mary L. Gause 2-19-2000 836-5219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR 31 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)