

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90100 030 ****61.25

DOCUMENT # N97000001067

1. Entity Name

PENTECOSTAL TABERNACLE OF NORTH MIAMI INC

Principal Place of Business

Mailing Address

647 N W 183RD STREET
 MIAMI FL 33169
 US

P.O. BOX 693576
 MIAMI FL 33269-0576

2. Principal Place of Business

3. Mailing Address

18415 NW 7 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33169

City & State

4. FEI Number

65-0696000

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

Country

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

STEWART, ROBERT S
1271 NW 175 TERRACE
MIAMI FL 33169

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 **D WILLIAMS, NEVILLE**
 STREET ADDRESS **10210 SW 168TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MCKENZIE, RALSTON**
 STREET ADDRESS **13650 SW 17TH CT**
 CITY-ST-ZIP **MIRIMAR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CLARKE, VIN**
 STREET ADDRESS **10260 SW 12 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S STEWART, JENNIFER**
 STREET ADDRESS **1271 NW 175 TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P STEWART, SYDNEY R**
 STREET ADDRESS **1271 NW 175 TERR**
 CITY-ST-ZIP **MIAMI FL**

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:

ROBERT S STEWART
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00
 Date

305 651 9696
 Daytime Phone #

CR2E037 (9/99)