

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90007 020 ****70.00

DOCUMENT # N97000005162

1. Entity Name

BILL RICE MINISTRIES, INC.

Principal Place of Business

19730 SW 12TH ST
 PEMBROKE PINES FL 33029

Mailing Address

P.O. BOX 821867
 SOUTH FLORIDA FL 33082

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

65-0778730

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

RICE, BILL
19730 SW 12TH ST
PEMBROKE PINES FL 33029

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 **DT** ☐ Delete
 NAME **RICE, BILL**
 STREET ADDRESS **19730 SW 12TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **MV** ☐ Change ☒ Addition
 NAME **John Morales**
 STREET ADDRESS **19730 S.W. 12ST**
 CITY-ST-ZIP **Pembroke Pines, Fla, 33029**

TITLE **DP** ☐ Delete
 NAME **MARKS, MITCHELL**
 STREET ADDRESS **701 NW 210 ST, BLDG 3 APT 511**
 CITY-ST-ZIP **N MIAMI FL 33169**

TITLE **M** ☐ Change ☒ Addition
 NAME **Frank Morales**
 STREET ADDRESS **19730 S.W. 12ST**
 CITY-ST-ZIP **Pembroke Pines, Fla 33029**

TITLE **DV** ☐ Delete
 NAME **MARKS, VIVIAN**
 STREET ADDRESS **701 NW 210 ST, BLDG 3 APT 511**
 CITY-ST-ZIP **N MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☐ Delete
 NAME **JONES, WILLIE**
 STREET ADDRESS **2261 NW 58 ST**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☐ Delete
 NAME **HAWKINS, LEE**
 STREET ADDRESS **4650 SW 24 ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☐ Delete
 NAME **TERRALONGE, JEFF**
 STREET ADDRESS **1421 SW 88 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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:

Bill Rice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

954-431-7193

Daytime Phone #

CR2E037 (10/00)