

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90567 035 \*\*\*\*61.25

**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**

**40006666**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete  
NAME **RICE, BILL**  
STREET ADDRESS **19730 SW 12TH ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 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 **DV** ☐ Delete  
NAME **MARKS, VIVIAN**  
STREET ADDRESS **701 NW 210 ST, BLDG 3 APT 511**  
CITY-ST-ZIP **N MIAMI FL 33169**

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

TITLE **T** ☐ Delete  
NAME **JOAN, MORALES**  
STREET ADDRESS **19730 SW 12ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33029**

TITLE **S** ☐ Delete  
NAME **LISA, KING**  
STREET ADDRESS **6876 SPIDER LILY LANE**  
CITY-ST-ZIP **LAKE WORTH FL 33462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED Bill Rice**

**1-17-03**

**954-431-7193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)