

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005337

1. Entity Name

WOUNDED HEALERS INC.

Principal Place of Business

Mailing Address

ST JOHNS AME CHURCH
6461 SW 59TH PLACE
S MIAMI FL 33143

ST JOHNS AME CHURCH
6461 SW 59TH PLACE
S MIAMI FL 33143-3507

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

65-0789131

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GREEN, WILLIAM J
ST JOHNS AME CHURCH
6461 SW 59TH PLACE
S MIAMI FL 33143

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

William J. Green

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-27-00

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 D ☐ Delete
NAME GREEN, WILLIAM J
STREET ADDRESS 6461 SW 59TH PLACE
CITY-ST-ZIP S MIAMI FL 33143

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

TITLE D ☐ Delete
NAME SIBLEY, CURTIS
STREET ADDRESS 6461 SW 59TH PLACE
CITY-ST-ZIP S MIAMI FL 33143

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

TITLE D ☐ Delete
NAME SUMPTER, ROSLYN
STREET ADDRESS 6461 SW 59TH PLACE
CITY-ST-ZIP S MIAMI FL 33143

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

TITLE D ☐ Delete
NAME PERRY, LEE
STREET ADDRESS 6461 SW 59TH PLACE
CITY-ST-ZIP S MIAMI FL 33143

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

TITLE D ☐ Delete
NAME ROBIANA, JULIO
STREET ADDRESS 6461 SW 59TH PLACE
CITY-ST-ZIP S MIAMI FL 33143

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00 (305) 665-1191

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90101 019 ****61.25



DO NOT WRITE IN THIS SPACE