

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005337

1. Entity Name

WOUNDED HEALERS INC.



FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90044 047 ****70.00

000777

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0789131

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Williams, John Wesley

Street Address (P.O. Box Number is not Applicable)

6461 SW 59th Place

St. Johns AME Church

City South Miami

FL

Zip Code

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

John Wesley Williams
 John Wesley Williams Pastor

8/1/01

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
 After September 12, 2001, min. will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	GREEN, WILLIAM J	
STREET ADDRESS	6461 SW 59TH PLACE	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIBLEY, CURTIS	
STREET ADDRESS	6461 SW 59TH PLACE	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUMPTER, ROSLYN	
STREET ADDRESS	6461 SW 59TH PLACE	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, LEE	
STREET ADDRESS	6461 SW 59TH PLACE	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBIANA, JULIO	
STREET ADDRESS	6461 SW 59TH PLACE	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Williams, John Wesley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, John Wesley	
STREET ADDRESS	6461 SW 59th Place	
CITY-ST-ZIP	S. Miami, FL. 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FLORENCE BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENCE BROWN	
STREET ADDRESS	6461 SW 59th Place	
CITY-ST-ZIP	S. Miami, FL. 33143	
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:

John Wesley Williams
 REQUIRED

8/1/01

305-665-1191

CR2E037 (5/01)