

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000006662**

1. Entity Name

**ALEXANDER BOSTIC MINISTRIES, INC.****FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90477 005 \*\*\*\*61.25

0055311

Principal Place of Business

Mailing Address

**17211 N.W. 22ND AVENUE  
MIAMI FL 33056****17211 N.W. 22ND AVENUE  
MIAMI FL 33056****00024246**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

**65-0875463**

Applied For

Not Applicable

Zip

Country

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

**BOSTIC, ALEXANDER JR  
17211 N.W. 22ND AVENUE  
MIAMI FL 33056**

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	DP	<input type="checkbox"/> Delete
NAME	BOSTIC, ALEXANDER JR	
STREET ADDRESS	17211 N.W. 22ND AVE.	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	BOSTIC, ALICE D	
STREET ADDRESS	17211 N.W. 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARK, SHELDON	
STREET ADDRESS	17211 N.W. 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	WILLENE, TODD	
STREET ADDRESS	2931 NW 208TH TERR	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, KELLY	
STREET ADDRESS	3961 NW 168TH TERR	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	SILER, PAMELA D	
STREET ADDRESS	2550 N.W. 160TH ST	
CITY-ST-ZIP	MIAMI FL 33054	

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)