

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007104

1. Entity Name

FELTON MINISTRIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90016 044 ****70.00

Principal Place of Business

Mailing Address

14801 S. RIVER DR.
MIAMI FL 33168

14801 S. RIVER DR.
MIAMI FL 33167-1030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELTON, WILLIE J JR
14801 S. RIVER DR.
MIAMI FL 33168

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 ☐ Delete
NAME FELTON, WILLIE J JR.
STREET ADDRESS 14801 S. RIVER DR.
CITY-ST-ZIP MIAMI FL 33168

TITLE SP ☐ Change ☒ Addition
NAME Jones, Cassandra
STREET ADDRESS 257 NE 141 Street
CITY-ST-ZIP Miami FL 33161

TITLE DS ☒ Delete
NAME CHANCEY, ONEAL
STREET ADDRESS 730 NW 76 ST.
CITY-ST-ZIP MIAMI FL 33150

TITLE D ☐ Change ☒ Addition
NAME Williams, Cynthia R.
STREET ADDRESS 730 NW 76 Street
CITY-ST-ZIP Miami FL 33150

TITLE DT ☐ Delete
NAME FELTON, KAREN R
STREET ADDRESS 14801 S. RIVER DR.
CITY-ST-ZIP MIAMI FL 33168

TITLE D ☐ Change ☒ Addition
NAME Louis, Kepler
STREET ADDRESS 6791 NW 2 Avenue, #4
CITY-ST-ZIP Miami FL 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIE J. FELTON JR 5-1-00 305-681-8818

CR2E037 (9/99)