

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90005 006 \*\*\*\*61.25

**DOCUMENT # N98000007104**

1. Entity Name

**WILLIE FELTON MINISTRIES, INC.**

Principal Place of Business

**14801 S. RIVER DR.  
 MIAMI FL 33168**

Mailing Address

**14801 S. RIVER DR.  
 MIAMI FL 33168**

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**

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)

**14801 S.W. South River Dr**

City

**MIAMI**

**FL**

Zip Code

**33168**

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

**WILLIE J. FELTON JR**

**9/9/01**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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 NAME	DP FELTON, WILLIE J JR.	<input type="checkbox"/> Delete
STREET ADDRESS	14801 S. RIVER DR.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE NAME	DS JONES, CASSANDRA	<input type="checkbox"/> Delete
STREET ADDRESS	257 NE 141 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE NAME	DT FELTON, KAREN R	<input type="checkbox"/> Delete
STREET ADDRESS	14801 S. RIVER DR.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE NAME	D WILLIAMS, CYNTHIA R	<input type="checkbox"/> Delete
STREET ADDRESS	730 NW 76 STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE NAME	D LOUIS, KEPLER	<input type="checkbox"/> Delete
STREET ADDRESS	6791 NW 2 AVENUE, #4	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WILLIE J. FELTON JR** 9/9/01 305-681-8818

CR2E037 (5/01)