

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001336

1. Entity Name

JESUS CHRIST IS LORD INTERNATIONAL MINISTRIES, I

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 030 ***70.00

Principal Place of Business

4040 N.W. 191ST TERRACE
 MIAMI FL 33055

Mailing Address

4040 N.W. 191ST TERRACE
 MIAMI FL 33055

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

65-0899513

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

SWANN, ESSIE M
 4040 N.W. 191ST TERRACE
 MIAMI FL 33055

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
After September 13, 2000 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 DP ☐ Delete
 NAME SWANN, ESSIE M
 STREET ADDRESS 4040 N.W. 191ST TERRACE
 CITY-ST-ZIP MIAMI FL 33055

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

TITLE DV ☐ Delete
 NAME SWANN, GRIFFITH W
 STREET ADDRESS 4040 N.W. 191ST TERRACE
 CITY-ST-ZIP MIAMI FL 33055

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

TITLE DST ☐ Delete
 NAME GREEN, MARY L
 STREET ADDRESS 4040 N.W. 191ST TERRACE
 CITY-ST-ZIP MIAMI FL 33055

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

TITLE D ☐ Delete
 NAME JONES, WILLIE J
 STREET ADDRESS 2281 N.W. 58TH STREET
 CITY-ST-ZIP MIAMI FL 33142

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

TITLE D ☐ Delete
 NAME SWANN, TWELAN S
 STREET ADDRESS BLUE HILLS PROVIDENCIALES
 CITY-ST-ZIP CAICOS ISLANDS B.W.I.

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

TITLE D ☐ Delete
 NAME SWANN, ELVA A
 STREET ADDRESS BLUE HILLS PROVIDENCIALES
 CITY-ST-ZIP CAICOS ISLANDS B.W.I.

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:

Essie M. Swann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August 28, 2000 305 436-4415

CR2E037 (5/00)