

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90195 047 ****61.25

DOCUMENT # N99000002084

1. Entity Name

**BELIEVERS IN CHRIST OUTREACH CHRISTIAN CENTER, I
NC.**



Principal Place of Business

**233 NO. FEDERAL HWY. UNIT 57
DANIA FL 33004**

Mailing Address

**233 NO. FEDERAL HWY. UNIT 57
DANIA FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2240514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAMBER, JOSEPH
18421 NW 30 AVENUE
OPA LOCKA FL 33056**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> Delete
NAME	TOUISSANT, CINDY	
STREET ADDRESS	605 NW 177TH STRET # 209	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, ANNETTE	
STREET ADDRESS	3315 WESR 12TH AVE. #3	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, AUDREY	
STREET ADDRESS	3315 WEST 12TH AVE. #3	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAMBER, JOSEPH	
STREET ADDRESS	18421 NW 30TH AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	CHAMBER, ALBERTA	
STREET ADDRESS	18421 NW 30TH AVE.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHMABER, PATTY	
STREET ADDRESS	18421 NW 30 AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blake, Sylvia	
STREET ADDRESS	14601 S.W. 297th Street	
CITY-ST-ZIP	Leisure City, FL 33030	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Y. Chambler	
STREET ADDRESS	427 N.E. 139th Street	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wiseman, Juelean	
STREET ADDRESS	922 Oak Street	
CITY-ST-ZIP	Waycross, GA 31501	
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		
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:

SIGNATURE REQUIRED

3/20/03

305-623-6267

CR2E037 (10/02)