

DOCUMENT # N99000002497

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**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90108 045 \*\*\*\*61.25

1. Entity Name

UNITED PEOPLE COUNSELING MINISTRY SERVICES, INC

Principal Place of Business

10705 S.W. 216TH STREET UNIT D-219  
MIAMI FL 33170

Mailing Address

10705 S.W. 216TH STREET UNIT D-219  
MIAMI FL 33170-3137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

31-1652429

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, MAURA  
19300 BEL AIRE DRIVE  
MIAMI FL 33157

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.

SIGNATURE

MAURA BAILEY

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

(NOTE: Registered Agent signature required when reinstating)

4/24/00

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	BAILEY, VIVIAN	<input type="checkbox"/> Delete
NAME		10705 S.W. 216TH STREET UNIT D-219	
STREET ADDRESS		MIAMI FL 33170	
CITY-ST-ZIP			

TITLE	D	BAILEY, MAURA	<input type="checkbox"/> Delete
NAME		10705 S.W. 216TH STREET UNIT D-219	
STREET ADDRESS		MIAMI FL 33170	
CITY-ST-ZIP			

TITLE	D	CRAPPS, KAREN	<input type="checkbox"/> Delete
NAME		10705 S.W. 216TH STREET UNIT D-219	
STREET ADDRESS		MIAMI FL 33170	
CITY-ST-ZIP			

TITLE	S	JAMES, TANIA	<input type="checkbox"/> Delete
NAME		10705 S.W. 216TH STREET UNIT D-219	
STREET ADDRESS		MIAMI FL 33170	
CITY-ST-ZIP			

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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:

KAREN LYN CRAPPS KAREN LYN CRAPPS 4/24/00 305-9686541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)