

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002808

1. Entity Name

DISTRICT GRAND TABERNACLE NO. 4 OF LOVE AND CHAR

Principal Place of Business

4291 N.W. 7TH AVE.  
MIAMI FL 33127

Mailing Address

4291 N.W. 7TH AVE.  
MIAMI FL 33127-2701

2. Principal Place of Business

General Grand Accepted

Suite, Apt. #, etc.

Order of Bro & Sis Love &

City & State

Charity Dist Grand Tab 4 Inc.

Zip

4291 NW 7th Ave

Country

MIAMI FL

Dade

33127

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLMES, ELLEN S  
1918 N.W. 51 ST.  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Edroy C. Ferguson  
3800 NW 15th St  
GPA-locks FL 33054  
City 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 Edroy C. Ferguson, DWS

(NOTE: Registered agent signature required when reinstating)

DATE

2 Jun 2000

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

TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Wilfred McPhee	
STREET ADDRESS	3070 NW 185 Terr	
CITY-ST-ZIP	Miami, FL 33054	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Luther Symonnett	
STREET ADDRESS	801 NW 3rd Court	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Louise Whitehead	
STREET ADDRESS	1820 NW 70 Street	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Ellen S. Holmes	
STREET ADDRESS	1918 NW 51 Street	
CITY-ST-ZIP	Miami, FL 33142	
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
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: Wilfred McPhee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 2, 2000 (305) 625 6032

Date Daytime Phone #

CR2E037 (9/99)

FILED  
Jun 09, 2000 8:00 am  
Secretary of State

06-09-2000 90034 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE