

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMEN DEO

090500

0004908

DOCUMENT # N99000002808

1. Entity Name:

DISTRICT GRAND TABERNACLE NO. 4 OF LOVE AND CHAR of G.S.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
00 NOV -1 PM 12:31

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

4291 N.W. 7th Ave.

3070 N.W. 185 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FLA

MIAMI FLA

City & State

City & State

Zip

Country

Zip

Country

331

DADE

33056

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1039842

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ellen S. Holmes

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

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 NAME STREET ADDRESS CITY-ST-ZIP	Trustee 3070 N.W. 185 Terr. MIAMI, FL 33056 Wilfred McPhee	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Luther Symonette 801 N.W. 3rd Court Hallandale, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Louise Whitehead 1820 N.W. 70th Street MIAMI, FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee ELLEN S. Holmes 1918 N.W. 51 Street MIAMI, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Edroy Ferguson 3180 N.W. 157 Street Opa Locka FL 33054	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ELLEN S. HOLMES

9/29/00

305-633-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)