

# 2001 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

3070 NW 185 TERR  
MIAMI FL 33056

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

65-1039842

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

Name

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

City

FL

Zip Code

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

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

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 TR ☐ Delete  
NAME MCPHEE, WILFRED  
STREET ADDRESS 3070 NW 185 TERRACE  
CITY-ST-ZIP OPA LOCKA FL 33056

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

TITLE TR ☐ Delete  
NAME SYMONNETT, LUTHER  
STREET ADDRESS 801-NW 3RD CT.  
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE TR ☐ Delete  
NAME WHITEHEAD, LOUISE  
STREET ADDRESS 1820 NW 70TH STREET  
CITY-ST-ZIP MIAMI FL 33147

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

TITLE TR ☐ Delete  
NAME HOLMES, ELLEN S  
STREET ADDRESS 1918 NW 51 STREET  
CITY-ST-ZIP MIAMI FL 33142

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

TITLE TR ☐ Delete  
NAME FERGUSON, EDROY  
STREET ADDRESS 3180 NW 157 ST  
CITY-ST-ZIP OPA LOCKA FL 33054

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *W. J. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/01 305-625-6032

FILED  
May 29, 2001 8:00 am  
Secretary of State

05-29-2001 90009 001 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)