

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90087 004 ****61.25

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1. Entity Name

DISTRICT GRAND TABERNACLE NO. 4 OF LOVE AND CHARITY INC.

Principal Place of Business

Mailing Address

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

**3070 NW 185 TERR
 MIAMI FL 33056**

360597



DO NOT WRITE IN THIS SPACE

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

**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

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 *Ellen S. Holmes, ELLEN S. Holmes*

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

(NOTE: Registered Agent signature required when reinstating)

4-24-02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TR	MCPHEE, WILFRED	3070 NW 185 TERRACE OPA LOCKA FL 33056				
	TR	SYMONNETT, LUTHER	801 NW 3RD CT. HALLANDALE FL 33009				
	TR	WHITEHEAD, LOUISE	1820 NW 70TH STREET MIAMI FL 33147				
	TR	HOLMES, ELLEN S	1918 NW 51 STREET MIAMI FL 33142				
	TR	FERGUSON, EDROY	3180 NW 157 ST OPA LOCKA FL 33054				

CR2E037 (9/01)

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, WILFRED, McPhee* 4-24-02 305-625-6032