

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003452

1. Entity Name

PRESENCE OF GOD MINISTRIES INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90047 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1747 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308

1747 CAPITAL CIRCLE NE 704  
TALLAHASSEE FL 32308-5563

2. Principal Place of Business

3. Mailing Address

Presence of God Ministries Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 16395

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32317-6395

USA

4. FEI Number

59-3581172

☒ 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

**BUIE, PIERRE LAMONT**  
1747 CAPITAL CIRCLE NE 704  
TALLAHASSEE FL 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

**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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Wayne Mason  
3000 N.W. 50th Street  
Miami, Florida 33142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
William Harris  
23 Hart Terrace  
New Britain, Connecticut 06052

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pierre L. Buie  
1747 Capital Circle N.E. #704  
Tallahassee, Florida 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Stephan Tyler  
833 S. Parsons Street  
Deland, Florida 32724

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Pierre Lamont Buie* **REQUIRER** Pierre Lamont Buie 4-21-2000 850-219-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)