

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90009 035 ****61.25

DOCUMENT # N99000003452

1. Entity Name

PRESENCE OF GOD MINISTRIES INC.

Principal Place of Business

Mailing Address

**2012 NORTH POINT BLVD.
 SUITE B
 TALLAHASSEE FL 32308**

**PO BOX 16395
 TALLAHASSEE FL 32317-6395
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581172

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Pierre Lamont Buie**

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

3720 Wood Hill Drive

City **Tallahassee**

FL

Zip Code
32303-2068

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

APRIL 26, 2002

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 **TD**
 STREET ADDRESS **MASON, WAYNE**
 CITY-ST-ZIP **3000 NW 50TH ST
 MIAMI FL 33142**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **HARRIS, WILLIAM**
 CITY-ST-ZIP **23 HART TERR
 NEW BRITAIN CT 06052**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BUIE, PIERRE L**
 CITY-ST-ZIP **1747 CAPITAL CIRCLE NE #704
 TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
 NAME **President/Director (PD)**
 STREET ADDRESS **Pierre L Buie**
 CITY-ST-ZIP **3720 Wood Hill Drive
 Tallahassee, FL 32303-2068**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **TYLER, STEPHEN**
 CITY-ST-ZIP **833 S PARSONS ST
 DELAND FL 32724**

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

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: Pierre Lamont Buie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02

850-562-5569 Home

850-219-1111 office

CR2E037 (9/01)