

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N99000004539****1. Entity Name**  
**UPON THIS ROCK MINISTRIES, INC.****Principal Place of Business**  
5870 S.W. 59TH STREET  
MIAMI FL 33143  
**Mailing Address**  
PO BOX 431312  
SOUTH MIAMI FL 332431312**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.**City & State**  
**City & State****Zip**  
**Country**  
**Zip**  
**Country****4. FEI Number**  
**65-0936096**  
**Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BYNUM RICKEY**  
5870 S.W. 59TH STREET  
MIAMI FL 33143**7. Name and Address of New Registered Agent****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 RICKEY BYNUM****09/13/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	LEE CARLOS	6140 SW 62ND PL. MIAMI FL 33143	<input type="checkbox"/> Delete
	TD	WILLIE COAKLEY	3651 WILLIAMS AVE. MIAMI FL 33143	<input type="checkbox"/> Delete
	S	JOYCE BLAKEY	5796 SW 59TH ST. MIAMI FL 33143	<input type="checkbox"/> Delete
	TD	BYNUM CORA	10902 SW 161ST ST MIAMI FL 33157	<input type="checkbox"/> Delete
	PD	BYNUM RICKEY	5870 S.W. 59TH STREET MIAMI FL 33143	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D	CASSON JUSTIN	200 N. 68TH AVE HOLLYWOOD FL 33024	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D	LEE CARLOS	5870 SW 59TH ST MIAMI FL 33143	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(f), 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: Rickey Bynum****PD****09/13/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

**STACY CASSON, DIRECTOR**  
**200 N. 68TH AVE**  
**HOLLYWOOD, FL 33024**