

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004993

1. Entity Name

INNER CITY CHURCH OF MIAMI, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90240 028 \*\*\*\*61.25

Principal Place of Business

6112 NW 6 AVE  
MIAMI FL 33151

Mailing Address

6112 NW 6 AVE  
MIAMI FL 33151

2. Principal Place of Business

3. Mailing Address

PO Box 510611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

4. FEI Number

65-0947035

Applied For

Not Applicable

Zip

Country

Zip  
33151

Country

Dade

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

KLEIN, THEODORE J  
88 NE 168 ST  
N MIAMI BEACH FL 33162

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)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN WILDEN LAWRENCE	
STREET ADDRESS	12401 W OKEECHOBEE #237	
CITY-ST-ZIP	HALEAH GARDENS, FL 33018	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLY LYNN LAWRENCE	
STREET ADDRESS	12401 W OKEECHOBEE #237	
CITY-ST-ZIP	HALEAH GARDENS, FL 33018	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEREMY JAY RANDOLPH	
STREET ADDRESS	14311 MEMORIAL HWY	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN BAKER JOSEPH BAKER	
STREET ADDRESS	10941 Magnolia	
CITY-ST-ZIP	Minneapolis, MN 55448	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES GRAY WALKER	
STREET ADDRESS	623 Pine Ridge Dr.	
CITY-ST-ZIP	PERRY, GA 31069	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN JAMES RANDOLPH	
STREET ADDRESS	3526 LAKE RIDGE DR	
CITY-ST-ZIP	GRAPEVINE, TX 76051	

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:

Shelly L. Lawrence  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Attachment  
N99000004993  
A0077019

D

(A) CHRISTOPHER JOHN DE LAURENTIS  
2115 BLOOMINGTON AVE SO  
MPLS, MN 55404

Addition

(B) D

MONICA KATERINA DE LAURENTIS-TAJBAKHS  
2115 BLOOMINGTON AVE SO  
MPLS, MN 55404

Addition

Attachment  
# N99000004993