

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N99000005454

Entity Name

THE FLORIDA CONSORTIUM OF BLACK FAITH-BASED ORGA

FILED
Apr 27, 2000 8:00 am
Secretary of State

03-01-2000 90001 018 ****70.00

Principal Place of Business
NW 2ND AVE.
FL 33169

Mailing Address
20535 NW 2ND AVE.
MIAMI FL 33169-2547



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip
Country

Zip
Country

4. FEI Number
65-0952180

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

WILLIAMS, HERMAN K
218 NE 199TH TERR.
MIAMI FL 33179-2934

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 33179

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

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	CHAIRMAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN K. WILLIAMS D	NAME	
STREET ADDRESS	218 NE 199TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	VICE CHAIRMAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE ROBINSON D	NAME	
STREET ADDRESS	2400 NW 68TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. C.P. PRESTON, JR. D	NAME	
STREET ADDRESS	2400 NW 68TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. RANDALL E. HOLTS D	NAME	
STREET ADDRESS	17437 SW 36TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33029	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Herman K. Williams Herman K. Williams 2/4/00 (305) 493-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #