

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005454**

1. Entity Name

**THE FLORIDA CONSORTIUM OF BLACK FAITH-BASED ORGANIZATIONS, INC.****FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90058 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

20535 NW 2ND AVE.  
MIAMI FL 3316920535 NW 2ND AVE.  
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

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**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
WILLIAMS, HERMAN  
218 NE 199TH TERRACE  
MIAMI FL 33179 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCD  
ROBINSON, JANE  
2400 NW 68TH STREET  
MIAMI FL 33147 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PRESTON, REV .P. JR  
2400 NW 68TH STREET  
MIAMI FL 33137 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WILKINSON, KAREN  
1881 NW 103rd Street  
MIAMI, FL 33147 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HOLTS, RANDALL E  
17437 SW 36TH STREET  
MIRAMAR FL 33029 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HANKERSON, BRIAN  
9000 SHERIDAN STREET  
PEMBROKE PINES, FL 33024 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAPLAIN  
Hardy, Sr., Roosevelt  
2415 E. 21st Avenue  
Tampa, FL 33605 ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

305-493-9311

Daytime Phone #

CR2E037 (9/01)