


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90502 046 \*\*\*\*61.25

**DOCUMENT # N99000006061**

1. Entity Name  
**FAITH EVANGELISTIC CENTER OF HOLLYWOOD, INC.**



Principal Place of Business  
**2328 DIXIE HWY N.  
HOLLYWOOD FL 33020**

Mailing Address  
**500 S CRESCENT DR  
APT 109  
HOLLYWOOD FL 33021**

**55050876**

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 **65-0971768**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARLOS, GLORY  
500 S CRESCENT DRIVE  
APT 109  
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLOM, WILLIE	
STREET ADDRESS	6520 SW 62ND COURT	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCRAY, MARISSA	
STREET ADDRESS	17320 NW 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	FC	<input type="checkbox"/> Delete
NAME	JONES, DAISY	
STREET ADDRESS	3011 NW 183RD STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marisse V. McCray "D"	
STREET ADDRESS	17320 NW 32nd Avenue	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Johnson "T"	
STREET ADDRESS	2335 NW 95th Terrace	
CITY-ST-ZIP	Miami, Florida 33167	
TITLE	FC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Obidiah McBride "T"	
STREET ADDRESS	15501 NE 6th Ave. 304-D	
CITY-ST-ZIP	North Miami Beach FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Handwritten Signature **APPROVED** April 25, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE007 (10/02)