

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006207

1. Entity Name

THE TEMPLE OF PEACE APOSTLE YOUTH MINISTRY, INC.

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90053 038 \*\*\*\*61.25

Principal Place of Business

5824 DEWEY STREET  
HOLLYWOOD FL 33023

Mailing Address

5824 DEWEY STREET  
HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0956979

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

GAMBLE, WILLIE  
5824 DEWEY STREET  
HOLLYWOOD FL 33023

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	PD	<input type="checkbox"/> Delete
NAME	GAMBLE, WILLIE	
STREET ADDRESS	500 NE 3RD STREET	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	213 SW 14TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DOWE, KAREN	
STREET ADDRESS	2123 DEWEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMON, EVELYN	
STREET ADDRESS	1608 N.W. 34th TER	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVERS, GLADYS	
STREET ADDRESS	5921 MAYO ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, LUCILLE	
STREET ADDRESS	404 N.W. 4th AVE #2	
CITY-ST-ZIP	HALLANDALE, FL 33009	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIE GAMBLE 8/7/00 (954) 454-6223

Date

Daytime Phone #

CR2E037 (5/00)