

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90129 011 ****61.25

C0061849

DO NOT WRITE IN THIS SPACE

DOCUMENT # 702005
 1. Entity Name
Children's Ministry Of South Florida, Inc.

Principal Place of Business Mailing Address
856 Northeast 163rd Street 1856 Northeast 163rd Street
/O Webb D. Chenault N. Miami Beach, FL 33162
Miami Beach, Florida 33162

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 **59-1050993** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Webb D. Chenault
15 NW 150 Street
Miami, Florida 33168

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHENAULT, WEBB D.	
STREET ADDRESS	665 NW 150th ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, DEBORA L.	
STREET ADDRESS	665 NW 150 ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, RUTH ST	
STREET ADDRESS	125 NE 86th ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, CLYDE	
STREET ADDRESS	125 NE 86th ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHENAULT, CASSIE L.	
STREET ADDRESS	665 NW 150 ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEMIC, MARILYN GAIL	
STREET ADDRESS	8260 NW 170 TERR.	
CITY-ST-ZIP	HIALEAH, FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, MILDRED	
STREET ADDRESS	12701 E RANDALL PK DR	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARK A.	
STREET ADDRESS	665 NW 150 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, FRANCES	
STREET ADDRESS	3537 MERLE COURT	
CITY-ST-ZIP	FAYETTEVILLE, NC 28301	
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: Webb D. Chenault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000- 305-957-9988

CR2E037 (9/99)