

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90204 008 \*\*\*\*70.00

**DOCUMENT # N94000000571**

1. Entity Name

**SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINISTRY, INCORPORATED**



Principal Place of Business

7100 FAIRWAY DRIVE  
APT K-2  
MIAMI LAKES FL 33014

Mailing Address

P.O. BOX 2103  
NORCROSS GA 30091  
01

00010011



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0491594**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUMPKIN, ANGELO**  
7100 FAIRWAY DRIVE  
APT K-2  
MIAMI LAKES FL 33014

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 \_\_\_\_\_

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAGWOOD, TRACY B	
STREET ADDRESS	PO BOX 2103	
CITY-ST-ZIP	NORCROSS GA 30091	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LUMPKIN, SARAH	
STREET ADDRESS	7100 FAIRWAY DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCINTOSH, TAMMY	
STREET ADDRESS	6641 SW 20TH ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROSEMARY	
STREET ADDRESS	PO BOX 552124	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUMPKIN, ANGELO	
STREET ADDRESS	7100 FAIRWAY DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATOYA NOLAN	
STREET ADDRESS	17600 N.W. 10TH CT.	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKESHA COLEMAN	
STREET ADDRESS	17600 N.W. 10TH CT.	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALVASKA WEST	
STREET ADDRESS	P.O. BOX 552124	
CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMARY WILLIAMS	
STREET ADDRESS	P.O. BOX 552124	
CITY-ST-ZIP	MIAMI, FL. 33055	
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: *Angelo Lumpkin* **ANGELO LUMPKIN** 3/21/03 (70)514-7108

CR2E037 (10/02)