


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90332 032 ****70.00

DOCUMENT # **N95000005477**

1. Entity Name
FAITH IN JESUS MINISTRY, INC.



Principal Place of Business
**3412 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312-1117**

Mailing Address
**3412 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312-1117**

2. Principal Place of Business
3412 W. BROWARD BLVD.
Suite, Apt. #, etc.

3. Mailing Address
4840 N.W. 18th STREET
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
LAUDERHILL, FL

Zip
33312-1117

Zip
33313

Country

4. FEI Number **65-0624123**

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
**WALQUER, TRACZJUBRUTKA
3412 W. BROWARD BLVD.
FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name
DAVIS, HERBERT

Street Address (P.O. Box Number is Not Acceptable)
4840 N.W. 18th STREET

City **LAUDERHILL** FL Zip Code **33313**

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 *Herbert Davis*
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	P	<input checked="" type="checkbox"/> Delete
NAME	WALQUER, T.	
STREET ADDRESS	C/O 3412 W BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GORDON, WILBUR	
STREET ADDRESS	% 3412 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GORDON, ETHEL	
STREET ADDRESS	% 3412 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAGNUS, HELEN	
STREET ADDRESS	% 3412 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HELEN	
STREET ADDRESS	% 3412 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEWIS, ROOSEVELT	
STREET ADDRESS	3412 WEST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HERBERT	
STREET ADDRESS	4840 N.W. 18th ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ALICE	
STREET ADDRESS	3412 W. BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	C/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, WILBUR	
STREET ADDRESS	3412 W. BROWARD BLVD. 33312	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HELEN	
STREET ADDRESS	3412 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ROOSEVELT	
STREET ADDRESS	3412 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNUS, HELEN	
STREET ADDRESS	3412 W. Broward Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

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: *Herbert Davis* **REQUIRE** *Herbert Davis* (954) 709-9362

CR2E037 (10/02)