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

DOCUMENT # N96000004527

1. Entity Name
Sylvester ministries, Inc

[redacted]

FILED
03 MAR 21 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300015660973
04/11/03--01004--001 **315.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1390 N Seacrest Blvd	114 Gardens DR.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. 201
City & State: Boynton Bch FL	City & State: Pompano Bch FL
Zip: 33445 Country: US	Zip: 33069 Country: US

4. FEI Number — Applied For / X Not Applicable

5. Certificate of Status Desired — X $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sheila Banks
Street Address (P.O. Box Number is Not Acceptable): 114 Gardens DR. #201
Pomaire
City: Pompano Bch FL Zip Code: 33069

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: Sheila Banks — 3/13/03 DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	DP	TITLE	
NAME	Sheila Banks	NAME	
STREET ADDRESS	114 Gardens DR. #201	STREET ADDRESS	
CITY-ST-ZIP	Pompano Bch. FL 33069	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	Melinda Banks	NAME	
STREET ADDRESS	1390 N Seacrest Blvd	STREET ADDRESS	
CITY-ST-ZIP	Boynton Bch FL 33445	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	Fannie L. Banks	NAME	
STREET ADDRESS	1390 N Seacrest Blvd	STREET ADDRESS	
CITY-ST-ZIP	Boynton Bch FL 33445	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS	99-03482 TS	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Banks — Sheila Banks — 3/14/03 — 561-945-6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #