

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90172 005 ****61.25

DOCUMENT # N99000006619



1. Entity Name
A MISSION FOR SOULS MINISTRY, INC.

Principal Place of Business
**10715 S.W. 190 ST., #15
MIAMI FL 33143**

Mailing Address
**10715 S.W. 190 ST., #15
MIAMI FL 33143**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0993365** 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

**EVERETT, BETTY J
5831 S.W. 58 TERR.
MIAMI FL 33143**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MORRIS, MARY	11421 S.W. 203RD TERR.	MIAMI FL 33189				
SD	MORANT, LINDA	15384 S.W. 282 ST.	HOMESTEAD FL 33033				
D	EVERETT, BETTY	5831 S.W. 58TH TERR.	MIAMI FL 33143				
T	MORRIS, MARY	10715 S.W. 190 ST., #15	MIAMI FL 33143				
D	BRUCE, BARBARA	19761 S.W. 114 AVE., APT. 138	MIAMI FL 33157				
D	CONLEY, TARA L	173S.W. 106 AVE.	PERRINE FL 33157				

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: *Mary Morris* REQUIRE MARY Morris 1-27-2003

CR2E037 (10/02)