

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90153 002 ****61.25
08-11-2002 90153 001 ****150.00

DOCUMENT # P99000089467
1. Entity Name McCormick Evangelistic and Entrepreneurial Ministries, Inc ✓

00283

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2300 NW 22nd ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5712
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Ft Lauderdale FL
City & State Ft Lauderdale, FL
Zip 33311 Country USA Zip 33310-5712 Country USA

4. FEI Number 65-0954539 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Queen E. McCormick
Street Address (P.O. Box Number is Not Acceptable)
8221 N.W 51 Ct
City Lauderhill FL Zip Code 33351

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 Queen E. McCormick DATE 8/8/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	<u>PC</u>	TITLE	
NAME	<u>Samuel L McCormick</u>	NAME	
STREET ADDRESS	<u>8221 NW 51 Ct</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Lauderhill, FL 33351</u>	CITY-ST-ZIP	
TITLE	<u>VD</u>	TITLE	
NAME	<u>Queen McCormick</u>	NAME	
STREET ADDRESS	<u>8221 N.W 51 Ct</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Lauderhill, FL 33351</u>	CITY-ST-ZIP	
TITLE	<u>CSD</u>	TITLE	
NAME	<u>Esther McCormick</u>	NAME	
STREET ADDRESS	<u>8221 NW 51 Ct</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Lauderhill, FL 33351</u>	CITY-ST-ZIP	
TITLE	<u>MD</u>	TITLE	
NAME	<u>Angela Gaines</u>	NAME	
STREET ADDRESS	<u>3423 NW 6 Ct</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Ft Lauderdale, FL 33311</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>Deborah M Bailey</u>	NAME	
STREET ADDRESS	<u>3821 NW 7 Pl</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Ft Lauderdale, FL 33311</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>April M Rymer</u>	NAME	
STREET ADDRESS	<u>3270 NW 88 Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Sunrise, FL 33351</u>	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other persons empowered.

SIGNATURE Queen E. McCormick DATE 8/8/02 DAYTIME PHONE # 954 572-6293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)