## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N97000007084

HARMONY AND UNITY FOR CHRIST INTERNATIONAL COVEN

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90117 017 \*\*\*\*61.25

7 176680 - 90 117 - 17 ANT OUTREACH MINISTRY, INC. Principal Place of Business Mailing Address 3271 WEST BROWARD BOULEVARD 3271 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 12/19/1997 26 21 FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 65-0803103 Not Applicable 22 27 City & State \$8.75 Additional City & State 5. Certificate of Status Desired Fee Required 28 23 Country \$5.00 May Be Zip Country Zip 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 30 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LLOYD, FRANK Street Address (P.O. Box Number is Not Acceptable) 3651 NW 2ND ST 83 FT LAUDERDALE FL 33311 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ☐ Change DELETE 1,1 TITLE TITLE LLOYD, FRANK 12 NAME 1965年 M NAME 化中型型 机 3651 NW 2ND ST 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33313 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE TITLE JARON, LEFRAN 2.2 NAME 福州总数等之 NAME 4570 NW 70TH AVE 2.3 STREET ADDRESS 38.4 \$ PAPE STREET ADDRESS FT LAUDERDALE FL 33313 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 31 TILE TITLE AARONDA, JACQUINTA 3.2 NAME NAME 3.3 STREET ADDRESS 3271 W BROWARD BLVD "压力",在"种型"。(\*\*\* STREET ADDRESS FT LAUDERDALE FL 33311 3.4. CfTY-ST-ZIP CITY-ST-ZIP Addition ☐ Change T DELETE 4.1 TITLE TITI F 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change ☐ DELETE TITI F 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E037 (11/98