## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9500003264 1. Entity Name

## DAYSTAR MINISTRIES OF FT. LAUDERDALE, INCORPORAT

Mailing Address Principal Place of Business

1605 NW 7TH TERRACE 2917 NE 6 AVENUE WILTON MANORS FL 33334 FT LAUDERDALE FL 33311

## FILED May 04, 2001 8:00 am Secretary of State 05-04-2001 90091 036 \*\*\*\*61.25



2. Principal P	Place of Business	3. Mailing Address						
2. Thropathiase of Basiness		g / 1551 / 1551						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	ie e	City & State			4. FEI Number 65-0578489			pplied For
Zip Country		Zip (		intry		3 031 0-103	\$8.75 Ac	lot Applicable
			000	n to y	5. Certificate of Status Desired Fee			
	6. Name and Address of Current		7. Name and Address of New Registered Agent Name					
MITCHELL, SANDRA A 1605 NW 7TH TERRACE FT LAUDERDALE FL 33311				Street Address (P.O. Box Number is Not Acceptable)				
				0.5		<u> </u>		
							City FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing it	s register	ed office or regi	stered agent, or both, in	the state of Florida.		
					•			
SIGNATURE						•		4
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature req	uired when reinstating)	DAT	Έ	
	/						· · ·	<u> </u>
FILE NOW:					\$5.00 May Be Make Check Payable to			٥
	FEE IS \$61.25	Trust Fund Contril	Trust Fund Centribution. LJ Add		ided to Fees	Departme	ent of State	[[
10. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Delete	☐ Delete TITLE		☐ Change ☐ Addition			☐ Addition
NAME	MITCHELL, ERNEST M	N/		· .				
STREET ADDRESS CITY-ST-ZIP	1605 NW 7TH TERRACE			ET ADDRESS -ST-ZIP				
TITLE	FT LAUDERDALE FL 33311	□ Delete	☐ Delete TITLE		,	- · · · · · · · · · · · · · · · · · · ·	· ☐ Change	Addition
NAME	MITCHELL, SANDRA A	LI Delete MAM						
STREET ADDRESS	1605 NW 7TH TERRACE		STRE	ET ADDRESS			-	
CITY-ST-ZIP	FT LAUDERDALE FL 33311		CITY	-ST-ZIP		<del></del>		
TITLE	-D	☐ Delete TIT					☐ Change	☐ Addition
NAME STREET ADDRESS	FERGUSON, NOEL W 2 SHEPARD TERR.		NAM STRE	ET ADDRESS				
CITY-ST-ZIP	WEST ORANGE NJ 07052		•	-ST-ZIP				
TITLE	D	☐ Delete	TITLE	:			☐ Change	☐ Addition
NAME	PHILLIP, METASON		NAM					
STREET ADDRESS	465 NW 18TH CT			ET ADDRESS - ST-ZIP	•			
CITY-ST-ZIP	POMPANO BEACH FL		_				□ Change	☐ Addition
TITLE NAME	D Marcial, Stanley	☐ Delete	TITLE				, Change	☐ Addition {
STREET ADDRESS	275 E 43TH ST			ET ADDRESS				}
CITY-ST-ZIP	BROOKLYN NY		CITY	-ST-ZIP	- And the state of		· ;	
TITLE	D	☐ Delete	TITLE	1			Change	☐ Addition
NAME STREET ADDRESS	FREEMAN, LARRIER	A C CUDICT CUUDOU	NAM	E ET ADDRESS	1861 NIN E	q way =	#1	
STREET ADDRESS BROWNES GAP, SARGEANT'S VLG. CHRIST CHURCH BARBADOS WI				-ST-ZIP	1861 NW 5 lunrise, 7	1 33213	3′′	
	DAUDADOS INI				mii we 71	<u>, , , , , , , , , , , , , , , , , , , </u>		

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.