

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

05-09-2002 90093 004 ****61.25

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1. Entity Name

SOUTH FLORIDA MINISTERIAL FELLOWSHIP INC.

Principal Place of Business

4322 NORTH STATE ROAD #7
LAUDERDALE LAKES FL 33319

Mailing Address

4322 NORTH STATE ROAD #7
LAUDERDALE LAKES FL 33319

42851

2. Principal Place of Business

5660 Blue Berry Ct

3. Mailing Address

Suite, Apt. #, etc.

Apt 7

DO NOT WRITE IN THIS SPACE

City & State

Lauderhill, Florida

City & State

65-1104761

4. FET Number

Applied For

Not Applicable

Zip

Country

33313 U-S-A

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRON, DELROY
 5660 BLUE BERRY CT
 LAUDERHILL FL 33313

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	GORDON, SHARON	2620 SW 8TH ST FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete			
	DP	FERRON, DELROY	5660 BLUE BERRY CT AD #7 LAUDERHILL FL 33313	<input type="checkbox"/> Delete			
	DV	TRACEY, ROYLSTON A	4231 NW 19 ST. #255 LAUDERHILL FL 33313	<input type="checkbox"/> Delete			
	DST	FOREMAN, LEONARD D	222 MADDY LANE NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)