

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90758 049 ****66.25

DOCUMENT # N02000004222

1. Entity Name
THE LORD'S HOUSE MINISTRY, INC.



Principal Place of Business
1283 SUSSEX DRIVE
NORTH LAUDERDALE FL 33068

Mailing Address
1283 SUSSEX DRIVE
NORTH LAUDERDALE, FL 33068



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
10211 West Sample Rd
Suite, Apt. #, etc.
Suite 213

3. Mailing Address
270 Florida Ave
Suite, Apt. #, etc.

City & State
Coral Springs, Florida

City & State
Ft. Lauderdale, FL

Zip
33065

Country
Broward

Zip
33312

Country
Broward

4. FEI Number
91-2185310

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DANTUS, JEAN
1283 SUSSEX DRIVE
NORTH LAUDERDALE FL 33068

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 ☒ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANTUS, JEAN M	
STREET ADDRESS	1283 SUSSEX DRIVE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANTUS, PAULE KETHIA	
STREET ADDRESS	1283 SUSSEX DRIVE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DARIUS, MARIE	
STREET ADDRESS	1190 N W 40TH AVENUE, APT. 407	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10211 W Sample Rd Suite 213	
STREET ADDRESS	Coral Springs, FL 33065	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10211 W Sample Rd Suite 213	
STREET ADDRESS	Coral Springs, FL 33065	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELEL EXILUS	
STREET ADDRESS	3549 NW 38th TERR	
CITY-ST-ZIP	LAUD LAKES, FL 33309	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fritz Paul	
STREET ADDRESS	4851 NW 19 CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Homy	
STREET ADDRESS	270 Florida Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

04/01/03 754-366-3490

CR2E037 (10/02)