

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 730887**

1. Entity Name

MINISTRIES IN ACTION, INC.**FILED**
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90024 016 ****61.25

Principal Place of Business

Mailing Address

**10201 BAHIA DR
STE 10
MIAMI FL 32189
US****PO BOX 571357
MIAMI FL 33257-1357
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1569112

Applied For

Not Applicable

Zip

Country

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

**MORGAN, CHARLES O. JR.
1300 NW 167 STREET
MIAMI FL 33169**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	S	<input type="checkbox"/> Delete
NAME	MORAN, OSVALDO	
STREET ADDRESS	12180 SW 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIGH, Jeffrey	
STREET ADDRESS	2701 S. Bayshore Dr. # 304	
CITY-ST-ZIP	Coconut Grove, FL 33133	

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, E WALFORD	
STREET ADDRESS	147 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCLURE, Ted	
STREET ADDRESS	131 SW 87th Ave	
CITY-ST-ZIP	Miami, FL 33176	

TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, CRAIG G	
STREET ADDRESS	2700 SW 157 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, Richard	
STREET ADDRESS	5966 SW 1st Ct.	
CITY-ST-ZIP	Cape Coral, FL 33914	

TITLE	D	<input type="checkbox"/> Delete
NAME	EVELYN, PETER	
STREET ADDRESS	551 DIPLOMAT CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	VASALLO, PETE	
STREET ADDRESS	14035 SW 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, MICHAEL	
STREET ADDRESS	10845 SW 166 TERR	
CITY-ST-ZIP	MIAMI FL 33157	

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

305-234-7855

CR2E037 (9/01)