

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90097 041 \*\*\*\*61.25

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DOCUMENT # 741656

1. Corporation Name

SPECIALIZED URBAN MINISTRIES, INC.

Principal Place of Business

101 SE 3RD AVE  
FT. LAUDERDALE FL 33301

Mailing Address

101 SE 3RD AVE  
FT. LAUDERDALE FL 33301



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/17/1978

4. FEI Number

59-1299517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CRAWFORD, WILLIAM G., JR.  
315 SE 7TH ST STE 303  
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME ROBERTS, CAROL  
STREET ADDRESS 5110 N E 17TH TER  
CITY-ST-ZIP FT LAUDERDALE FL  
☒ DELETE

TITLE VPD  
NAME LEWIS, EVELYN  
STREET ADDRESS 426 N W 9 AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL  
☐ DELETE

TITLE TD  
NAME MCMILLAN, CHUCK  
STREET ADDRESS 2139 NE 56TH PLACE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308  
☐ DELETE

TITLE PD  
NAME CHILDERS, LINDA  
STREET ADDRESS 2451 NE 49TH ST  
CITY-ST-ZIP FT. LAUDERDALE FL 33308  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PATRICKA MAGYAR  
1.2 NAME Director  
1.3 STREET ADDRESS 101 SE 3rd Ave  
1.4 CITY-ST-ZIP Ft Lauderdale, Fla 33301  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Katherine Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99 (954) 463-8223

Date

Daytime Phone #

CR2E037 (1/1/98)