


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 758042 1. Entity Name SOUTH FLORIDA URBAN MINISTRIES, INC.	
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Principal Place of Business 2850 SW 27TH AVENUE MIAMI, FL 33133 US	Mailing Address 2850 SW 27TH AVENUE MIAMI, FL 33133 US
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0716969	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HURSEY-MCLAUGHLIN, BRENT EX. DIR
SOUTH FLORIDA URBAN MINISTRIES
2850 SW 27TH AVENUE
MIAMI, FL 33133

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITMYRE, LINDA
STREET ADDRESS	850 NE 80TH STREET
CITY-STATE-ZIP	MIAMI, FL 33138
TITLE	V
NAME	MERRITT, PATRICIA
STREET ADDRESS	8941 SW 65TH COURT
CITY-STATE-ZIP	PINECREST, FL 33156
TITLE	P
NAME	BELL, RODNEY
STREET ADDRESS	7831 SW 48TH PLACE
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	T
NAME	DEPPMAN, ED
STREET ADDRESS	666 71ST ST
CITY-STATE-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	HUDSON, CHRISTINA
STREET ADDRESS	1524 GARCIA AVE
CITY-STATE-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	NELSON, TOM
STREET ADDRESS	8104 SW 102ND STREET
CITY-STATE-ZIP	MIAMI, FL 33156

UN00000845586
03/17/08-80001-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Thomas J. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 29, 2008 305-323-6757
Date Daytime Phone #