

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758042

FILED
Jan 14, 2009
Secretary of State

Entity Name: SOUTH FLORIDA URBAN MINISTRIES, INC.

Current Principal Place of Business:

2850 SW 27TH AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2850 SW 27TH AVENUE
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0716969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITMYRE, LINDA
Address: 850 NE 80TH STREET
City-St-Zip: MIAMI, FL 33138 US

Title: V () Delete
Name: MERRITT, PATRICIA
Address: 8941 SW 65TH COURT
City-St-Zip: PINECREST, FL 33156 US

Title: P () Delete
Name: BELL, RODNEY
Address: 7831 SW 48TH PLACE
City-St-Zip: MIAMI, FL 33143 US

Title: T () Delete
Name: DEPPMAN, ED
Address: 666 71ST ST
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D () Delete
Name: HUDSON, CHRISTINA
Address: 1524 GARCIA AVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Delete
Name: NELSON, TOM
Address: 8104 SW 102ND STREET
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ARCHER, JENNIFER
Address: 5747 SW 130TH TERRACE
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY BELL

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date