

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

01 JUL 25 AM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # 759091
1. Entry Name
EVANGELICAL MINISTRIES OF SOUTH FLORIDA, INC.

Principal Place of Business
**17710 S.W. 61ST COURT
P.O. BOX 3359, MIAMI, FL 33169
FT LAUDERDALE FL 33331**

Mailing Address
**17710 S.W. 61ST COURT
P.O. BOX 3359, MIAMI, FL 33169
FT LAUDERDALE FL 33331**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
59-2126695

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FRAY, SANFORD
17710 S.W. 61ST COURT
FT. LAUDERDALE FL 33331**

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW! FREE TO \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: FRAY, SANFORD STREET ADDRESS: 17710 SW 61ST CT CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE: SD NAME: SAWYERS, LLOYD STREET ADDRESS: 17620 NW 42ND CT CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: TD NAME: BOURNE, DERRICK STREET ADDRESS: 4065 NW 43RD CT CITY-ST-ZIP: LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Fray, Sanford STREET ADDRESS: 17710 S.W 61st Court CITY-ST-ZIP: Southwest Ranches, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: Sawyers, Lloyd STREET ADDRESS: 1101 South 62nd Ave, CITY-ST-ZIP: Hollywood, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: FRAY, SANFORD STREET ADDRESS: 17710 S W 71st Ct, CITY-ST-ZIP: Southwest ranches, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sanford Fray* **SANFORD FRAY** 6/7/01 954-680-7705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #