

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93661 044 ****61.25

DOCUMENT # 759091

1. Entity Name

EVANGELICAL MINISTRIES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

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

17710 S.W. 61ST COURT
 P.O. BOX 3359, MIAMI, FL 33169
~~FT LAUDERDALE-FL 33331~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17710 S.W. 61ST COURT

3. Mailing Address

17710 S.W. 61ST COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3359 MIAMI, FL 33209

P.O. Box 3359, MIAMI, FL 33209

City & State

City & State

SOUTHWEST RANCHES, FL

SOUTHWEST RANCHES, FL

Zip

Country

Zip

Country

33331

BROWARD

33331

BROWARD

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

7. Name and Address of New Registered Agent

FRAY, SANFORD
17710 S.W. 61ST COURT
FT. LAUDERDALE FL 33331

SOUTHWEST RANCHES, FL 33331

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 \$61.25

9. 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	PD	<input type="checkbox"/> Delete
NAME	FRAY, SANFORD	
STREET ADDRESS	17710 SW 61ST CT	
CITY-ST-ZIP	SOUTHWEST RANCHES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAWYERS, LLOYD	
STREET ADDRESS	1101 SOUTH 62ND AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRAY, SANFORD	
STREET ADDRESS	17710 SW 71ST CT.	
CITY-ST-ZIP	SOUTHWEST RANCHES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 empowers.

SIGNATURE: **SANFORD FRAY** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/02

CR2E037 (9/01)