


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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

Principal Place of Business 1101 S 62 AVE P.O. BOX 3359, MIAMI, FL 33169 HOLLYWOOD, FL 33023	Mailing Address 1101 S 62 AVE P.O. BOX 3359, MIAMI, FL 33169 HOLLYWOOD, FL 33023
--	--



01122008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2126695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAWYERS, LLOYD 1101 S 62 AVE HOLLYWOOD, FL 33023
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAWYERS, LLOYD 1101 S. 62 AVE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O PRICE, HOWARD 8412 SW 22ND STREET MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ENA-JOYCE, FRAY 17710 SW 61ST COURT SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000423995
02/18/06-80030-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lloyd Sawyer* 1-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #