2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2008 8:00 am Secretary of State

02-06-2008 90033 014 ****61.25

DOCUMENT #759091

Entity Name

EVANGELICAL MINISTRIES OF SOUTH FLORIDA, INC.



EVANGE	LICAL WIINSTRIES OF SOC	TH FLORIDA, INC.			40015			
Principal Plac 1101 S 62 A P.O. BOX 33 HOLLYWOOD	IVE 59, MIAMI, FL 33169	Mailing Address 1101 S 62 AVE P.O. BOX 3359, MIAMI, FL HOLLYWOOD, FL 33023	_ 33169				i en ten tik	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08 Chg-NP	CR2E037	(12/06)	
City & State Ci		City & State	ity & State		mber APPLICABLE		<u> </u>	oplied For ot Applicable
Zip	Country	Zip .	Country	5. Certifi	cate of Status Desired		8.75 Add ee Require	
	 6. Name and Address of Current F 	Registered Agent		7. Name	and Address of New F	Registered Ag	jent	
SAWYERS	SHOVE		Name	·				
1101 S 62			Street Ad	dress (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	jistered office or	registered agent, o	both, in the State of Fl		l miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	poistered Agent signatur	re required when reinstatin	1)	DATE		
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	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 M Added to F	ay Be ees Flo	fake check rida Departn	nent of S	
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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: 1/040	Jawyox	Hoyo	Sowyoul	2-04-08	954-805-660	36
SIGNATURE	SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	_