

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759091

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: EVANGELICAL MINISTRIES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1101 S 62 AVE  
P.O. BOX 3359, MIAMI, FL 33169  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

1101 S 62 AVE  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

1101 S 62 AVE  
P.O. BOX 3359, MIAMI, FL 33169  
HOLLYWOOD, FL 33023

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAWYERS, LLOYD  
1101 S 62 AVE  
HOLLYWOOD, FL 33023    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: PD                      ( ) Delete  
Name: SAWYERS, LLOYD  
Address: 1101 S. 62 AVE  
City-St-Zip: HOLLYWOOD, FL 33023

Title: T/D                      ( ) Delete  
Name: PRICE, HOWARD  
Address: 12838 75TH LANE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S/D                      ( ) Delete  
Name: GIBSON, MRS. MONIQUE  
Address: 101 NE 206TH TERRACE  
City-St-Zip: MIAMI, FL 33169

**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:

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: LLOYD SAWYERS

P/D

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date