

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762959**

1. Entity Name  
**GERO INTERNATIONAL MINISTRIES, INC.**



Principal Place of Business  
**1931 NW 27 STREET  
OAKLAND PARK, FL 33311**

Mailing Address  
**1711 N.W. 27 TERRACE  
FT. LAUDERDALE, FL 33311**



04302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2246947**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LAWTON, LOUIS C  
1711 NW 27TH TERRACE  
FT LAUDERDALE, FL 33311**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000757237  
05/23/07-80063-008 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BARNES, MELVIN
STREET ADDRESS	310 SW 30 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	PD
NAME	LAWTON, LOUIS C
STREET ADDRESS	1711 N.W. 27TH TERR.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,
TITLE	STD
NAME	LAWTON, QUEEN E
STREET ADDRESS	1711 N.W. 27TH TERR.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,
TITLE	D
NAME	GRAY, SHARON
STREET ADDRESS	1711 N.W. 27TH TERR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	ALEXANDER, LORRAINE M
STREET ADDRESS	3001 N.W. 21 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	ROSS, BEVERLY R
STREET ADDRESS	2856 N.W. 8 PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07 954/731-7441