

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764984

1. Entity Name

THE COUNSELING MINISTRY OF SOUTH FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90032 038 ****61.25

Principal Place of Business

3010 DESOTO BLVD
CORAL GABLES FL 33134
US

Mailing Address

3010 DESOTO BLVD
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0795759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUTLER, A. BUDD
241 SEVILLA AVE
STE. 805
CORAL GABLES FL 33145

7. Name and Address of New Registered Agent

Name JUNE W. BRINE
Street Address (P.O. Box Number is Not Acceptable)
EXECUTIVE DIRECTOR - CMSF
3010 DE SOTO BLVD.
City CORAL GABLES FL Zip Code 33134

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.

JUNE W. BRINE, EXECUTIVE DIRECTOR 2/25/00

(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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOCH, WILLIAM	
STREET ADDRESS	501 96TH ST	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KETZLE, JAMES	
STREET ADDRESS	10523 SW 99TH TERR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HICKS, MARILYN	
STREET ADDRESS	6007 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN JR	
STREET ADDRESS	834 ANASTASIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CO-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATY DOTEN	
STREET ADDRESS	4901 SW 71 PLACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	CO-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE VAUGHN	
STREET ADDRESS	1222 MANATI AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES C. KETZLE 2/29/00 305-445-4672

CR2E037 (9/99)