

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90284 002 ****61.25

DOCUMENT # F96000004548

1. Entity Name

SANDRA MOORE MINISTRIES, INC.



Principal Place of Business

**2285 S.E. 4TH COURT
HOMESTEAD FL 33035**

Mailing Address

**P.O. BOX 901226
HOMESTEAD FL 33090**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **73-1223053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, SANDRA
2285 S.E. 4TH COURT
HOMESTEAD FL 33035**

7. Name and Address of New Registered Agent

Name-

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DCP**
NAME **MOORE, SANDRA**
STREET ADDRESS **2285 S.E. 4TH CT.**
CITY-ST-ZIP **HOMESTEAD FL 33035**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
MOORE, SANDRA
2460 S.E. 5TH CT.
HOMESTEAD, FL 33033**

☐ Change

☐ Addition

TITLE **DV**
NAME **MOORE, HAROLD**
STREET ADDRESS **2285 S.E. 4TH CT.**
CITY-ST-ZIP **HOMESTEAD FL 33035**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Same as above

☒ Change

☐ Addition

TITLE **DST**
NAME **FORSMAN, MICHELLE**
STREET ADDRESS **4920 GARFIELD DR**
CITY-ST-ZIP **HOMESTEAD FL 33033**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**FORSMAN, Michelle
22105 SW 167th Ave.
Miami, FL 33170**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

1/6/03 315-230-0552

CR2E037 (10/02)