

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N00000000572

1. Entity Name
KHAW-ROOTS MINISTRIES INC.



Principal Place of Business
**6024 WASHINGTON ST.
HOLLYWOOD, FL 33023**

Mailing Address
**6024 WASHINGTON ST.
HOLLYWOOD, FL 33023**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0978487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANCIS, RUDOLPH
112 SW 22 AVE
FT LAUDERDALE, FL 33312**

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME FRANCIS, RUDOLPH
STREET ADDRESS 4750 NW 22ND CT #320
CITY-ST-ZIP LAUDERHILLS, FL 33313

TITLE D
NAME FRANCIS, YVONNETTE
STREET ADDRESS 4750 NW 22NDCT. #320
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D
NAME PLUMMER, ESTHER
STREET ADDRESS 3531 INVERRARY DRIVE
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE D
NAME MALCOM, SHERENA
STREET ADDRESS 112 SW 22 AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000747482
05/17/07-80027-014 61.25

**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: *Yvonne Francis* *Yvonne Francis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

754
4-25-07-4229024