

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90140 016 ****70.00

DOCUMENT # N00000003141

1. Entity Name **LUMPKIN FAMILY FELLOWSHIP
FOUNDATION, INC.**



DO NOT WRITE IN THIS SPACE

90139872

2. Principal Place of Business
20107 N. W. 58th PL

3. Mailing Address
POST OFFICE BOX 4175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FL

HIALEAH, FL

Zip

Country

Zip

Country

33015

USA

33014

USA

4. FEI Number

65-100 7629

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name **JACQUELYN LUMPKIN WOODEN**

Street Address (P.O. Box Number is Not Acceptable)
99 N.W. 183 rd ST. Ste 240

MIAMI,

City

FL

Zip Code
33169

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)

6/10/03

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Earl L. Lumpkin, Sr. 20107 N.W. 58th Pl. Hialeah, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Rev. John Lumpkin, Sr. 5711 Nesbitt Lane Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Cyprinna Jackson 721 N.W. 135 th Way Plantation, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Earl L. Lumpkin, Jr. 20107 N.W. 58th Pl Hialeah, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacquelyn Lumpkin 6510 S.W. 194 th St. Archer, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Perkins 3711 SWW. 169 th Ave Miramar, FL 33027

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Earl L. Lumpkin, Sr.** 06/10/03 305-620-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)