

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90058 044 ****61.25

DOCUMENT # N00000006515

1. Entity Name

ONE IN THE SPIRIT MINISTRIES INC.

Principal Place of Business

**329 S W 27TH AVENUE
 FORT LAUDERDALE FL 33312**

Mailing Address

**329 S W 27TH AVENUE
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

329 SW 27th Ave

3. Mailing Address

329 SW 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FTL FL

City & State

FTL FL

Zip

33312

Country

US

Zip

33312

Country

US

4. FEI Number

65-1042279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, VICKIE
 1820 N W 33RD AVENUE
 FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

SAME

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

SIGNATURE

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

Vickie Henderson

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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 NAME ☐ Delete

**President
 Vickie Henderson
 1820 NW 33rd Ave
 FTL FL**

TITLE NAME ☐ Delete

**Asst. President
 Larry Baker
 2540 NW 8th Place #4
 Ft. Laud. FL 33311**

TITLE NAME ☐ Delete

**James Simmons
 Vice President
 3551 SW 2nd St.
 FTL FL 33312**

TITLE NAME ☐ Delete

**Financial Sec.
 Sherry Little
 1820 NW 33rd Ave
 FTL FL 33311**

TITLE NAME ☐ Delete

**Treasurer
 Angie Roper
 1810 NW 35th Way
 FTL FL 33311**

TITLE NAME ☐ Delete

**Deanna Lewis / Church Sec.
 617 NW 15th Ave #11
 Pompano Beach FL 33069**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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

April 23, 2001 954-327-1200

Date

Daytime Phone #

CR2E037 (10/00)