

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91515 009 ****61.25

DOCUMENT # N00000006515

1. Entity Name

ONE IN THE SPIRIT MINISTRIES INC.

Principal Place of Business

327 SW 27TH AVE
 FORT LAUDERDALE FL 33312

Mailing Address

327 SW 27TH AVE
 FORT LAUDERDALE FL 33312

2. Principal Place of Business

2889 NW 14th St
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

H. Land.

City & State

FL

4. FEI Number

65-1042279

Applied For

Not Applicable

Zip

Country

33311

Broward

Zip

33311

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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: *Vickie Henderson*
 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HENDERSON, VICKIE
 STREET ADDRESS 1820 MW 33RD AVE
 CITY-ST-ZIP FOIRT LAUDERDALE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE APD
 NAME BAKER, LARRY
 STREET ADDRESS 2540 NW 8TH P #4
 CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
 NAME SIMMONS, JAMES
 STREET ADDRESS 3551 SW 2ND ST
 CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE FSD
 NAME LITTLE, SHERRY
 STREET ADDRESS 1820 NW 33RD AVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
 NAME ADYSTER, ANGIE
 STREET ADDRESS 1810 NW 35TH WAY
 CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CSD
 NAME LEWIS, ALANNA
 STREET ADDRESS 617 NW 15TH AVE #1
 CITY-ST-ZIP POMPANO BEACH FL 33069

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: *Vickie Henderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002

954-735-1716

Date

Daytime Phone #

CR2E037 (9/01)