## 2003 NOT-FOR-PROFIT CORPORATION

## FILED Feb 03, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N0100002879 02-03-2003 90145 006 \*\*\*\*61.25 GET ON BOARD MINISTRIES, INC. Principal Place of Business Mailing Address **₩**₩₩₩₩₩₩₩₩ 2101 NW 4TH CT. 2101 NW 4TH CT. POMPANO BOH FL 33069 POMPANO BCH FL 33069 2. Principal Place of Business 3. Mailing Address 610 NW GIO NW Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1101022 FL Not Applicable MOANO <u> POM O AN O</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TERRU TAYLOR, TERRY 2101 NW 4TH CT. POMPANO BCH FL 33069 BM PANO 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 (NOTE: Registered Agent signature required when reinstating) The state of the s Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, TERRY NAME NAME 2101 NQ 4 CIRCLE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Moore, Robert L NAME NAME 4461 NW 24TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MAC, DENNIS NAME NAME STREET ADDRESS 597 NE 40TH STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP **X** Addition TITLE Delete TITLE NAME YOUNG, DIANE NAME

FORT LAUDERDALE FL 33311 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Pompano Boh

CITY-ST-ZIP

CITY-ST-ZIP

TOTLE

NAME

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME 867 NW 34 AVENUE

697 NW 20TH STREET

3274 NW 13TH STREET

JONES, OLA M

HALL, MARCY

FORT LAUDERDALE FL 33311

POMPANO BEACH FL 33060

Delete

Delete

LAN 03 954-658-2798

Change Addition

Addition