


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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90125 009 ****61.25

DOCUMENT # N01000003374

1. Entity Name
MAUDY BROWN FAITH OUTREACH MINISTRIES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1445 NW 6AVE</u> Suite, Apt. #, etc. <u>Port Lauderdale</u> City & State <u>Fort Lauderdale FL</u> Zip <u>33311</u> Country <u>Broward</u>		3. Mailing Address <u>PO BOX 266</u> Suite, Apt. #, etc. <u>Port Lauderdale FL</u> City & State <u>Port Lauderdale FL</u> Zip <u>33302</u> Country <u>Broward</u>	
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4. FEI Number <u>65-1102005</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <u>FL</u>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILED 9-8-03</p> <p>Initial or Amended UBR</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Florida Department of State</p>
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10. OFFICERS AND DIRECTORS		
TITLE <u>PD</u>	NAME <u>Maudy Brown</u>	STREET ADDRESS <u>1445 NW 6AVE</u> CITY-ST-ZIP <u>Fort Lauderdale FL 33311</u>
TITLE <u>SD</u>	NAME <u>Andrea Hadden</u>	STREET ADDRESS <u>843 NW 8th Street</u> CITY-ST-ZIP <u>Plantation, FL 33324</u>
TITLE <u>SD</u>	NAME <u>Stephany Walker</u>	STREET ADDRESS <u>2316 Fernside Street</u> CITY-ST-ZIP <u>Hollywood FL 33027</u>
TITLE <u>PP</u>	NAME <u>Annie Ingram</u>	STREET ADDRESS <u>203 NW 40 AVE</u> CITY-ST-ZIP <u>Lauderdale Lakes FL 33319</u>
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP

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: Maudy Brown 8/1/03 954-557-2357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)