

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90220 038 ****61.25

DOCUMENT # N01000003471

1. Entity Name
SOUTH FLORIDA MINISTERIAL FELLOWSHIP INC.



Principal Place of Business

5660 BLUE BERRY CT
APT 7
LAUDERHILL FL 33313
US

Mailing Address

5660 BLUE BERRY CT
APT 7
LAUDERHILL FL 33313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1104761

Applied For

Not Applicable

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

FERRON, DELROY
5660 BLUE BERRY CT
LAUDERHILL FL 33313

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DELROY FERRON (PRESIDENT) *[Signature]*

4-16-03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input type="checkbox"/> Delete
NAME	GORDON, SHARON	
STREET ADDRESS	2620 SW 8TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	FERRON, DELROY	
STREET ADDRESS	5660 BLUE BERRY CT AD #7	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	TRACEY, ROYLSTON A	
STREET ADDRESS	4231 NW 19 ST. #255	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DSTT	<input type="checkbox"/> Delete
NAME	FOREMAN, LEONARD D	
STREET ADDRESS	222 MADDY LANE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]

4-16-03

(954) 394-5618

CR2E037 (10/02)