

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91193 043 \*\*\*\*61.25

**DOCUMENT #** N01000007792

**1. Entity Name**

FAMILIES R US COMMUNITY BAPTIST MINISTRIES  
INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

14500 S.W. 280 St.

Suite, Apt. #, etc.

Lot 140 Box L-1

City & State

Homestead Fl.

Zip

33032

Country

U.S.A.

**3. Mailing Address**

14500 S.W. 280 St.

Suite, Apt. #, etc.

Lot 140 Box L-1

City & State

Homestead Fl. 33032

Zip

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

03-0379363

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Charles A. Sullivan

**Street Address (P.O. Box Number is Not Acceptable)**

20121 S.W. 112 Place

**City**

Miami

**FL**

**Zip Code**

33189

**DO NOT WRITE  
IN THIS SPACE**

**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.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FEE IS \$61.25  
Initial or Amended UBR**

**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**

<b>TITLE</b>	President
<b>NAME</b>	Charles A. Sullivan
<b>STREET ADDRESS</b>	20121 s.w. 112 Pl. Mia. 33189
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	Vice-President
<b>NAME</b>	Theresa E. Sullivan
<b>STREET ADDRESS</b>	20121 S.W. 112 Pl. Mia. Fl. 33189
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	Secretary
<b>NAME</b>	Paulette Frith
<b>STREET ADDRESS</b>	11980 S.W. 184 St. Mia. Fl. 33172
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	Treasurer
<b>NAME</b>	Arlene Cleveland
<b>STREET ADDRESS</b>	12025 S.W. 186 St. Mia. Fl. 33172
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

**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:** Charles A. Sullivan

05/28/02

(369) 251-8361