

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000007792**

1. Entity Name

**FAMILIES R US COMMUNITY BAPTIST MINISTRIES,  
INC.**



Principal Place of Business

**20121 SW 112 PLACE  
MIAMI FL 33189**

Mailing Address

**20121 SW 112 PLACE  
MIAMI FL 33189**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0379363**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, CHARLES A  
20121 SW 112 PLACE  
MIAMI FL 33189**

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

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  
Due By May 1, 2007**

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 PD ☐ Delete  
NAME SULLIVAN, CHARLES A  
STREET ADDRESS 20121 S.W. 112TH PLACE  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME **U00000680043**  
STREET ADDRESS **04/03/07-80062-006 61.25**  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SULLIVAN, THERESA E  
STREET ADDRESS 20121 S.W. 112TH PLACE  
CITY-ST-ZIP MIAMI FL 33189

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

TITLE SD ☐ Delete  
NAME FRITH, PAULETTE  
STREET ADDRESS 11980 S.W. 184TH STREET  
CITY-ST-ZIP MIAMI FL 33172

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

TITLE TD ☐ Delete  
NAME CLEVELAND, ARLENE  
STREET ADDRESS 12025 S.W. 186TH STREET  
CITY-ST-ZIP MIAMI FL 33172

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: CHARLES A SULLIVAN** *[Signature]* **3-23-07 (305) 251-8361**