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

DOCUMENT # N0200000761

1. Entity Name

RESURRECTED HEARTS OF LOVE MINISTRIES, INC.



Mailing Address Principal Place of Business 22000217 PO BOX 9746 1850 NW 29TH ST FT LAUDERDALE FL 33310 OAKLAND PARK FL 33310 3. Mailing Address 2. Principal Place of Business 2105 BELMONT Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable MORTH \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REVERLEY R. CRAWFORD SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. ~A N E 4TH FLOOR KELMONT Zip Code 330 🔒 **MIAMI FL 33145** auder dalg 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) red agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition Change Change PD TITLE PD ☐ Delete TITLE CHAWFORD, BEYERLEY A. NAME CRAWFORD, BEVERLEY R NAME STREET ADDRESS 2105 BELMONT LN 1850 NW 29TH ST STREET ADDRESS North Lauderdale 31. 33068 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33310 Change ☐ Addition TITLE CRAWFORD, LENWORTH G. ☐ Delete TITLE NAME CRAWFORD, LENWORTH G NAME 2105 BELMONT LN = STREET ADDRESS 1850 NW 29TH ST__ STREET ADDRESS , 330bB North Laudeze DALE CITY-ST-ZIP CITY-ST-ZIP **OAKLAND PARK FL 33310** Change ☐ Addition ☐ Delete TITLE STD TITLE FRANKSON, TASHANNA A NAME FRANKSON, TAShanna A NAME STREET ADDRESS 2105 BELMONT LA 1850 NW 29TH ST STREET ADDRESS , 34. 33068 CITY-ST-ZIP NORTH LAUDERDALE OAKLAND PARK FL 33310 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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

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SIGNATURE:

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☐ Delete

10-03 754-246 8386

☐ Change

☐ Addition

FILED

Feb 14, 2003 8:00 am

Secretary of State

02-14-2003 90403 001 *****8.75

02-14-2003 90403 002 ****61.25