

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

3/3

03-03-2003 90434 025 ****61.25

DOCUMENT # N02000001579

1. Entity Name

IMAGE OF GOD YOUTH MINISTRY, INC.



Principal Place of Business

Mailing Address

**570 NW 54TH STREET
MIAMI FL 33127**

**570 NW 54TH STREET
MIAMI FL 33127**

2. Principal Place of Business

3. Mailing Address

1445 NW 117TH STREET

1445 NW 117TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip
33167

Country
USA

Zip
33167

Country
USA

FEI Number

02-0568583031212

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHURIN, MICHEL
1445 NW 117TH STREET
MIAMI FL 33167**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					PRESIDENT	MICHEL MATHURIN D	1445 NW 117 STREET	MIAMI FL 33167		
					SECRETARY	ESTHER MATHURIN D	1445 NW 117 STREET	MIAMI FL 33167		
					TREASURY	CHRISTINE METELUS D	1490 NW 121 STREET	MIAMI FL 33167		

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 MICHEL MATHURIN

02/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (10/02)