2003 NOT-FOR-PROFIT CORPORATION

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

3/3,

UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS 1490 NW 12 STREET	1. Entity Na	me	# NO2000 OUTH MINISTRY, IN	ļ			03-03-200	03 90434	025 **	***61.25		
Coly & State	570 NW 54TH	1 STREET		570 NW 54TH STREET					2 414 20 413 20 48.	44 25 3 2 7441 41	1848 184 188	
## PLANS ADDITIONS OFFICERS AND DIRECTORS ## PLANS ADDITIONS OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ## PLANS ADDITIONS OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ## PLANS ADDITIONS OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ## PLANS ADDITIONS OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ## PLANS ADDITIONS OFFI AND STREET ONESS ## PLANS ADDITIONS OFFI AND DIRECTORS ## PLANS ADDITIONS OFFI AND DIRECTORS IN 10 ## PLANS ADDITIONS OFFI AND DIRECTORS ## PLANS ADDITIONS OFFI A	1445	NW I		1445 KW	117 ^{T §}	STREET		, , , , , , , , , , , , , , , , , , ,				
MATHURN', MICHEL MATHURN', MICHEL 1445 NW 177 STREET MAME FL 33167 City City City City City City FL Zip Code B. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS S61.25 9. Election Compagn Financing Trust Fund Controllor. Detail Detail Trust Fund Controllor. Detail Detail Detail Trust Fund Controllor. Detail Detai	14	IAMI		Migmi	 _		02-05 02-05	6858		19 N	ol Applicable	}
MATHURN', MICHEL MATHURN', MICHEL 1445 NW 177 STREET MAME FL 33167 City City City City City City FL Zip Code B. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS S61.25 9. Election Compagn Financing Trust Fund Controllor. Detail Detail Trust Fund Controllor. Detail Detail Detail Trust Fund Controllor. Detail Detai	^{∠₽} 3.3	167	•			•	5. Certificate of S	tatus Desired	□ \$	8.75 Ad e Require	ditional ed	
MATHURIN; MICHEL 1145 NW 117Th STREET MAME FL 33167 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 Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the objection of Fiorida Department of State FILE NOW: FEE IS S61.25 8. Election Campaign Financing FILE NOW: FEE IS S61.25 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTER LODGES CITY-S1-2P INTER LODGES CI		6. Name	and Address of Current I	Registered Agent			7. Name and Add	iress of New Re	gistered Ag	ent		
### PICE NOW: FEE IS \$61.25 ### PILE NOW: FILE NOW: PILE	14671845	กับไมเกียก -				Name			*			
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: Signature: Symmen, hyear or prised rame of any general agent and the illepticates NoTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both in the state of Florida. I am familiar with, and accept the purpose of registered agent, or both in the state of Florida Department of State of Florida Departmen	1445 NW 117TH STREET					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SAND SIGNATURE SIG	(ANT-NATILI	£ 33101)	City				Zip Cod	e	
THE NOW: FEE IS \$61.25 PILE NOW: FEE IS SOLUTION: PILE NOW: FEE IS NOW: FILE NOW: FEE IS NOW: F	9 The show	o camed estitu	eubmite this statement for	the avenue of changing it	te registere		red agent or both in	the State of Claric				
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ADDITIONS/CHANGES TO OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND OFF		ations of registe		and parposed of chariging is	a rogiotoro	a omes ar register	oo agon, or boar, in	und didies of From	SQ. FUIITIE	#11621 ***ILI1	ano accept	
Trusi Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE NAME STREET ADDRESS ITY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS TITLE Delate TITLE Delate TITLE Delate TITLE Delate TITLE NAME STREET ADDRESS TITLE Delate TITLE NAME STREET ADDRESS TITLE TITLE Delate			or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signature required	d when reinstating)		DATE			
TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME Oblete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Oblete TITLE Oblete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Oblete TITLE Oblete TITLE Oblete TITLE Oblete STREET ADDRESS CITY-ST-2IP TITLE OBLETE OBLET OB	FILE NOW: FEE IS \$61.25											
NAME SIRET ADDRESS CITY-ST-ZIP Delete	10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	L ES TO OFFICERS	AND DIRE	CTORS IN	110	1
NAME STREET ADDRESS				☐ Delete			-			Change	Addition	(Z)
NAME STREET ADDRESS		, [117 57	REET	-		37 (10
NAME STREET ADDRESS		ļ				51-2IP	Minn	<u> </u>	<u> </u>			200
TITLE	NAME STREET ADDRESS		•	☐ Delete	NAME STREE	TADDRESS (4	THER MA		2651	,	Addition	5
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>					1714m1	FC			Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	<u> </u>		Li Delete	NAME	CHI	RISTING		US		. Ex Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP						1 778	MIAMI	FL	57 33167	>		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delote TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				Delete					Ī] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS				STREE			•				
STREET ADDRESS CITY-ST-ZIP TITLE Delote TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE			☐ Delete	TITLE	11/				Change	Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE CHY-ST-ZIP	DIRLES-	I	`	`	1	r abborne						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			i							1	
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			☐ Natota	CITY-S				 -	Change	☐ Addition	
	STREET ADDRESS CITY-ST-ZIP TITLE			Delete	CITY-S					Change	Addition	
	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Delete	CITY-S TITLE NAME STREET	T-ZIP			Ē	Change	Addition	

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:,

DESTATURE MIETEREMATHUR IN