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

## DOCUMENT # N02000002239

## MINISTRY OF HELP FOR THE NEEDY CHILDREN, INC. V



**FILED** Apr 29, 2003 8:00 am Secretary of State 04-02-2003 90115 033 \*\*\*\*61.25

Principal Place of Business		Mailing Address							
453 THURSTON AKE WORTH F	N AVE. L 33463	5453 THURSTON AVE. LAKE WORTH FL 33463							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number	4. FEI Number				
Zip Country		Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Current I	Registered Agent		7. Name and Addre	ess of New Registered Age	nt			
SPIEGEL 1840 SW	& UTBERA, P.A.		Name Street Addr	2alomon A essi(P.O. Box Númber is No	PUGUSTIN,	SR			
4TH FLOO MIAMILEL	OF THE STATE OF TH		545 City 6A	3 THURSTO KE WORTH		Zip Code 33 4	63		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		\$5.00 May Be Added to Fees	Make Check P Florida Departme				
10.	OFFICERS AND DIE	RECTORS	111.	ADDITIONS/CHANGE	S TO OFFICERS AND DIREC	TORS IN 1	10		
TITLE NAME STREET ADDRESS CITY OF ZIP	PSTD AUGUSTIN, SALOMON SR. 5453 THURSTON AVE. LAKE WORTH FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			Change	Addition S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE, WILSON 5453 THURSTON AVE. LAKE WORTH FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAYEL, JEAN R 5453 THURSTON AVE. LAKE WORTH FL 33463	. Delete	NAME STREET ADDRESS CITY-ST-ZIP			].Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME . STREET ADDRESS CITY-ST-ZIP			Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	С	] Change	Addition		

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.

(561/642-6270

## 2003 NOT-FOR-PROFIT CORPORATION

U	NIFOR	M BUSINE	SS REPOR	T (l	JBR)	4/2/2003-9	0115-033-\$61.	25-\$61.25		9
DOCU 1. Entity Nar	MENT #	N02000	002239							
MINISTRY	OF HELP	FOR THE NEEDY	CHILDREN, INC.	/						
Principal Place of Business			Mailing Address			-				
	5453 THURSTON AVE.		5453 THURSTON AVE.							
LAKE WORTH	PL 33403		LAKE WORTH FL 33463							
2. Principal Place of Business		3. Mailing Address			<b>                                     </b>			TO WE COME A COMME		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				_	
City & Sta	City & State		City & State		4. FEI Number Applied For			<del></del>	<b>_</b>	
Zip		Country	Zip Country		untry	5. Certificate of Status Desired \$8.75 Addition				<u>'</u>
	6. Name and Address of Current 6		legistered Agent		<del>,</del>	7. Name and Address of New Registered Agent				_}
	O. Wallie at			<u> </u>	Name	7. Name and Add	/ Itays of Ivew magn	stered Agent		4
	& UTRERA, F	A Jalpha	on-Augustin	والكارية	Street Address	s (P.O. Box Number is I	Not Acceptable)	<u>ختي - خپوج ته .</u>	<u> </u>	7
1840 SW 4TH FLØ	) 22ND ST. Or	hurston AV	e -	}	$\overline{}$				1	
	MAAN FL 33145		Gorth, FL 33	468	City	$\overline{}$		El Zip Co	ode	-
8. The above	named entity s	submits this statement for	the purpose of changing its	s register	1 1	ered agent or both in	the State of Florids	re (		-
the ebligat	tions of register	ed agent.		a regional	,	orda again, or sour, in	the State of Florida	i. ( dis) (od) (des with	i, and accept	
SIGNATURE		, i	_	,	_					
GIGHAIONE	Signature, typed or i	printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature requir	ed when reinstating)		DATE		
			9. Election Cal	moaigo É	ingnoing	¢= 00	Maka	Check Payable	•••	1
+	FILE NOW:	FEE IS \$61,25	Trust Fund (			\$5.00 May Be Added to Fees	Florida (	Department of	State	}
10.	<del>-                                    </del>	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OCCIOERS	NO DIRECTORS	N 10	-
TITLE	PSTO		☐ Delete	TITLE		ADDITIONS/CITATION	LO TO GIT ICENS	Change	Addition	ब्रि
NAME STREET ADDRESS	AUGUSTIN, SALOMON SR. DDRESS 5453 THURSTON AVE.			NAM STRE	E Et address					100
CITY-ST-ZIP	LAKE WORT				- ST-ZIP					E037
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	CR2E037 (10/02)
NAME STREET ADDRESS	PIERRE, WIL 5453 THURS			MAM) STRE	E Et address					
CITY-ST-ZIP	LAKE WORT			• • • • • • • • • • • • • • • • • • • •	-ST-ZIP					
MILE	D	4.0	☐ Delete	TITLE		·		☐ Change	☐ Addition	]
NAME STREET ADDRESS	MAYEL, JEAI 5453 THURS			NAME	et address					
CITY-ST-ZIP	LAKE WORT			CITY-	-ST-ZIP	<del></del>				
TITLE NAME	<b> </b>		☐ Delete	TITLE	,			☐ Change	Addition	}
STREET ADDRESS		andres of the state of the state of		-	ET ADORESS					}
CITY-SI-ZIP		<del></del>		┩—	ST-ZIP					
TITLE .			☐ Deleta	TITLE				☐ Change	Addition	}
STREET ADDRESS	l			1	ET ADDRESS					
CITY-ST-ZIP				<b></b>	-ST-ZIP					{
title Name	}	•	☐ Oelete	TITLE NAME			×.	☐ Change	Addition	}
STREET ADDRESS					ET ADORESS					
CITY-ST-ZIP	ertify that the in	formation supplied with t	his filing does not qualify for		ST-ZIP	ection 119 07/21/0 Flor	rida Statutae I turah	var partify that the :	nformation	}
of the cor	on this report of peration or the r	r supplemental report is t eceiver or trustee empov	rus limit does not dealify for rue and accurate and that n vered to execute this report th all other like empowered.	ny signatu as require	ure shall have the	same legal effect as if	made under oath:	that I am an officer	or director	
SIGNAT			RE REQUIR		///	month 4	29/03	661) G42	-6270	}
	_ <del>_</del> :	EKGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER (	OR DIRECTO	DR / / ==	1	Date	Daytime Phone #		ľ