

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

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90082 019 ****61.25

DOCUMENT # N02000008690

1. Entity Name

CROSSHEART MINISTRIES INC.



Principal Place of Business

**1035 NW 155 TERRACE
PEMBROKE PINES FL 33028**

Mailing Address

**1035 NW 155 TERRACE
PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-1637997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JUVEDA GROUP, INC
7947 JOHNSON STREET, SUITE A
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

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
After September 10, 2003, min will be \$236.25**

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

TITLE **PRES** ☐ Delete
NAME **STAUB, YVETTE**
STREET ADDRESS **1035 NW 155 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VP** ☐ Delete
NAME **MICHAEL, STAUB A**
STREET ADDRESS **1035 NW 155 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **SEC.** ☐ Delete
NAME **SMITH, DAISYLEE E**
STREET ADDRESS **13550 SW 6TH COURT - A316**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **TREA** ☐ Delete
NAME **MARRETT, DIANNE**
STREET ADDRESS **1120 SW 96 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

Staub, Yvette **President**

8-11-03

954 4386488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)