9/16

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 03, 2002 8:00 am
Secretary of State
09-16-2002 90088 019 ****61.25

DOCUMENT # N02166

1. Entity Name

T.O.P. MINISTRIES, INC.

Principal Place of Business	Mailing Address
2150 MARTIN LUTHER KING AVENUE FT. LAUDERDALE FL 33311	2150 MARTIN LUTHER KING AVENUE FT. LAUDERDALE FL 33311

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0104836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIS, SAMUEL G 2150 NW 31 AVE FORT LAUDERDALE FL 33311	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO ELLIS, SAMUEL G. 2150 NW 31 AVE FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, CAROLYN L 2121 N.W. 47TH AVENUE LAUDERHILL FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NELSON, JERRY 8181 NW 20TH COURT SUNRISE FL 33322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLISON, LARRY 4232 N.W. 25TH PLACE LAUDERHILL FL 33313	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Secretary KAMika NEWAN 3000 NW 7th ST POMPANO Bch, FL 33069	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORER, KENNETH 2321 N.W. 47TH AVENUE LAUDERHILL FL 33313	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dwight McKinney 2150 NW 31 ave Ft Lauderdale, FL 33311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NEWMAN, SHERIKO 3000 NW 7TH STREET POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P./T Shefika Ellis-Sistrunk 471 SUNShine DR. APT 1 COCONUT Creek, FL 33066	☑ Change ☐ Addition

CR2E037 (4/02)

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 REQUIRED Samuel G Ellis 9/26/02 954-973-8431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #