

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07288

1. Entity Name

ROSE OF SHARON MINISTRIES, INCORPORATED

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90010 033 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3800 NW 167TH ST.  
MIAMI FL 33054  
US

3894 NW 167TH ST.  
MIAMI FL 33054-6201

2. Principal Place of Business

3. Mailing Address

275-295 N.W. 199 Street

275-295 N.W. 199 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33169

U.S.A.

33169

U.S.A.

4. FEI Number

59-2492742

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

HAIRSTON, ELIZABETH  
4005 SW 68TH LANE  
MIRAMAR FL 33023

Name  
HAIRSTON, ELIZABETH

Street Address (P.O. Box Number is Not Acceptable)

16911 S.W. 36 CT

City

MIRAMAR

FL

Zip Code

33027

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.

SIGNATURE X ELIZABETH HAIRSTON

6-8-00

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPT	<input type="checkbox"/> Delete
NAME	PARRISH, SHERRON	
STREET ADDRESS	15701 NW 18TH COURT	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORTES, DIONE	
STREET ADDRESS	9013 NE 2 AVE	
CITY-ST-ZIP	ELPORTAL FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAIRSTON, ELIZABETH	
STREET ADDRESS	4005 SW 68TH LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, CARL	
STREET ADDRESS	15701 NW 18TH COURT	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM-LEONARD, REBECCA	
STREET ADDRESS	1313 NW 36TH ST. #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENDERMAN, WILLIAM	
STREET ADDRESS	1382-C LOMALAND	
CITY-ST-ZIP	EL PASO TX	

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, SHERRON	
STREET ADDRESS	3541 SW 144 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTES, DIONE	
STREET ADDRESS	9013 NE 2 AVE	
CITY-ST-ZIP	ELPORTAL, FL 33138	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIRSTON, ELIZABETH	
STREET ADDRESS	16911 SW 36 CT	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, CARL	
STREET ADDRESS	3541 SW 144 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: X ELIZABETH HAIRSTON

6-8-00

754-435-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)