

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91430 015 *****70.00

DOCUMENT # N28265

1. Entity Name

FRONT LINE MINISTRIES, INC.



Principal Place of Business

**12425 SW 216 ST
MIAMI FL 33170
US**

Mailing Address

**12425 SW 216 ST
MIAMI FL 33170
US**

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 **65-0148651**

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

**SMITH, PARNETHA L
17625 S.W. 112TH CT.
MIAMI FL 33157**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SCHIFFER, ETHEL M.**
STREET ADDRESS **15600 N.W. 7TH AVENUE #505**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME **12425 S.W. 216 ST**
STREET ADDRESS **Miami, FL 33170**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **SMITH, PARNETHA L.**
STREET ADDRESS **17625 S.W. 112TH CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **VM BRENDA G. WRIGHT**
STREET ADDRESS **16920 NW 41 AVENUE**
CITY-ST-ZIP **Carol City, FL 33055**

TITLE **STD** ☒ Delete
NAME **SCHIFFER, ETHEL M**
STREET ADDRESS **15600 NW 7 AVE #505**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
NAME **CP CORNELIA GRIFFIN**
STREET ADDRESS **11710 S.W. 181 TERR.**
CITY-ST-ZIP **Miami, FL 33177**

TITLE **STD** ☐ Delete
NAME **HOPE, MAXINE**
STREET ADDRESS **20230 S.W. 112TH CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME **ST**
STREET ADDRESS **16701 S.W. 105 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Delete
NAME **KITCHEN, VIRGINA**
STREET ADDRESS **14130 VAN BUREN ST**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, RUFUS R SR.**
STREET ADDRESS **10353 S.W. 179 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ 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:

SIGNATURE: ETHEL SCHIFFER

04-23-03 (305) 253-2051

CR2E037 (10/02)