

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90478 041 ****61.25

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DOCUMENT # N36667

1. Entity Name

MINISTRIES OF HARVEY JOHN FRITSCH, INC.

Principal Place of Business

C/O JOANNE C. FRITSCH
 13951 KENDALE LAKES CIRCLE, #804A
 MIAMI FL 33183
 US

Mailing Address

C/O JOANNE C. FRITSCH
 13951 KENDALE LAKES CIRCLE, #804A
 MIAMI FL 33183
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0172826

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FRITSCH, JOANNE C.
13951 KENDALE LAKES CIRCLE
#804A
MIAMI FL 33183

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **CORELL, DAVID F.**
 STREET ADDRESS **14571 SW 124 PLACE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **FRITSCH, JOANNE C.**
 STREET ADDRESS **13951 KENDALE LAKES CIR.**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **CORELL, ROBERT F.**
 STREET ADDRESS **14571 SW 124 PLACE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **GILBERT, RICHARD H**
 STREET ADDRESS **RT. 4, BOX 718**
 CITY-ST-ZIP **BLAIRSVILLE GA**

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

TITLE **D** ☒ Delete
 NAME **UNDERWOOD, STANLEY**
 STREET ADDRESS **6350 W. BAGHDAD STREET**
 CITY-ST-ZIP **DUNNELLON FL**

TITLE ☐ Change ☒ Addition
 NAME **Kathi Jo Klurman**
 STREET ADDRESS **16050 SW 281 ST**
 CITY-ST-ZIP **Homestead, FL 33033**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
JOANNE C. FRITSCH

3-12-01

(305) 595-6550

Date

Daytime Phone #

CR2E037 (10/00)