

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36667

1. Entity Name

MINISTRIES OF HARVEY JOHN FRITSCH, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90068 011 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

14571 SW 124 Place

3. Mailing Address

14571 SW 124 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-0172826

Applied For

Not Applicable

Zip

33186

Country

US

Zip

33186

Country

US

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

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

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	<input type="checkbox"/> Delete
NAME	CORELL, DAVID F.	
STREET ADDRESS	14571 SW 124 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRITSCH, JOANNE C.	
STREET ADDRESS	13951 KENDALE LAKES CIR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORELL, ROBERT F.	
STREET ADDRESS	14571 SW 124 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, RICHARD H	
STREET ADDRESS	RT. 4, BOX 718	
CITY-ST-ZIP	BLAIRSVILLE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLURMAN, KATHI J	
STREET ADDRESS	16050 SW 281ST STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

305 5956550

Daytime Phone #

CR2E037 (9/01)