

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90123 028 ****61.25

DOCUMENT # N36667

1. Entity Name

MINISTRIES OF HARVEY JOHN FRITSCH, INC.



Principal Place of Business

**14571 SW 124 PLACE
MIAMI FL 33186
US**

Mailing Address

**14571 SW 124 PLACE
MIAMI FL 33186
US**

60021823



2. Principal Place of Business

14502 SW 125 PLACE

3. Mailing Address

14502 SW 125 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **FRITSCH, Joanne C. (SAME)**
Street Address (P.O. Box Number is Not Acceptable) **14502 SW 125 PLACE (CHANGE)**
City **MIAMI FL** Zip Code **33186**

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

Joanne C. Fritsch

Joanne C. FRITSCH

4-20-03

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **KLURMAN, KATHI J**
STREET ADDRESS **16050 SW 281ST STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14502 SW 125 PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14502 SW 125 PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

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

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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:

Joanne C. Fritsch

Joanne C. FRITSCH

4-21-03

3055956550

CR2E037 (10/02)