

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90075 042 ****61.25

DOCUMENT # N38205

1. Entity Name

FULNESS MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**957 SW 71 AVENUE
 NORTH LAUDERDALE FL 33068
 US**

**957 SW 71 AVENUE
 NORTH LAUDERDALE FL 33068
 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

65-0200121

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

**BROOKINS, JIMMY L.
 957 SW 71 AVENUE
 NORTH LAUDERDALE FL 33068**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BROOKINS, JIMMY L.**
 CITY-ST-ZIP **957 SW 71 AVENUE
 NORTH LAUDERDALE FL 33068**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WERNER, JERRY B.**
 CITY-ST-ZIP **3561 NW 99 AVE.
 CORAL SPRINGS FL**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **RICHARDSON, DAVID**
 CITY-ST-ZIP **10935 NW 40TH STREET
 CORAL SPRINGS FL 33085**

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

TITLE ☒ Delete
 NAME **VTD**
 STREET ADDRESS **NEWCOMBE, DAVID S**
 CITY-ST-ZIP **2099 N.W. 107 DRIVE
 CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition
 NAME **SITTON, ROBERT**
 STREET ADDRESS **105 NW 104 ROAD**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **NEWCOMBE, ROZANNE J**
 CITY-ST-ZIP **2099 NW 107 DRIVE
 CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **PRASAD, BECKY**
 CITY-ST-ZIP **36 Gables Blvd
 WESTON, FL 33326**

TITLE ☐ Delete
 NAME **PRASAD, JOSHUA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PRASAD, JOSHUA**
 STREET ADDRESS **36 Gables Blvd**
 CITY-ST-ZIP **WESTON, FL 33326**

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:

JIMMY L. BROOKINS
 JIMMY L. BROOKINS

04-23-02 954 720-8737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)