

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90068 033 ****61.25

DOCUMENT # N38205

1. Entity Name

FULNESS MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	BROOKINS, JIMMY L.	957 SW 71 AVENUE NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete			
	D	WERNER, JERRY B.	3561 NW 99 AVE. CORAL SPRINGS FL	<input type="checkbox"/> Delete			
	VD	SITTON, ROBERT	105 NW 104 TERRACE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete			
	S	PRASAO, BECKY	36 GABLES BLVD WESTON FL 33326	<input type="checkbox"/> Delete			
	D	PRASAO, JOSHUA	36 GABLES BLVD WESTON FL 33326	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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:

Robert Sitton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1/9/2003 *954-720-8737*

CR2E037 (10/02)