

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90270 028 ****61.25

DOCUMENT # N43685

1. Entity Name

VERNICE LONG MINISTRIES, INC.



Principal Place of Business

19425 NW 39TH AVE.
OPA LOCKA FL 33055

Mailing Address

19425 NW 39TH AVE.
OPA LOCKA FL 33055

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

65-0300098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, VERNICE
19425 NW 39TH AVE.
OPA LOCKA FL 33055

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
Due By May 1, 2005

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	<input type="checkbox"/> Delete
NAME	LONG, VERNICE	
STREET ADDRESS	19425 NW 39TH AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INNISS, JENNIFER	
STREET ADDRESS	605 WHITNEY CHASE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30055	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, BARBARA	
STREET ADDRESS	1814 N.W. 73RD STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, PATRICIA G	
STREET ADDRESS	30 SHAW STREET	
CITY-ST-ZIP	NEWTON MA 02465	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, TRISHA R	
STREET ADDRESS	18962 NW 63RD COURT CIRCLE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Honorary Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alphonso Webb	
STREET ADDRESS	30 Shaw Street	
CITY-ST-ZIP	Newton MA 02465	
TITLE	Honorary Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Inniss	
STREET ADDRESS	605 Whitney Chase	
CITY-ST-ZIP	Stone Mountain, GA 30055	
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		
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: Vernice Long Vernice Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2005 305-625-3897

Date

Daytime Phone #