* 2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2002 8:00 am

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DOCU 1. Entity Nan	MENT # N46418	Secretary of State 02-26-2002 90070 029 ****61.25							
H.E.L.P.	S. MINISTRIES OF BROWARD	, INC.							
2401 W CYPRESS CREEK RD. FT LAUDERDALE FL 33309		Mailing Address 2401 W CYPRESS CREEK RD FT LAUDERDALE FL 33309 US							
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 65-0299856 Applied For Not Applicable]	
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	1
	6. Name and Address of Current R	egistered Agent	Nar	ne	7. Name and Add	ress of New Registered	i Agent		-
DAVIS, MARK T			Stre	Street Address (P.O. Box Number is Not Acceptable)					
	ypress creek RD RDALE FL 33309					<u></u>			1
	-		City			. F	L - Zip Cod	e	1
6. The above	named entity submits this statement for statement for statement for statement entitle statement for statement entitle statement for statement entitle statem		registered offi			the state of Florida.			
FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund C			palgn Financi		\$5.00 May Be Added to Fees		ck Payable ent of State		
10.	OFFICERS AND DIRE		11.		ODITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	10 Addition	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, MARK T 1461 NE 56TH CT FT LAUDERDALE FL 33334	□ Delete	NAME STREET ADDR CITY-ST-ZIP	1 -		ess Creek P	7	Adoltion	CR2E037 (9/01)
TITLE NAME STREET ADDRESS	D DESTEFANO, GENNARINO J 4250 NW 43RD ST COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	V9.1	>.	es Clark R	Change .	☐ Addition	E
TITLE	D DAVIDSON, TIM J	Delete	TITLE NAME.	73.00	797700101	101	Ctrange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2000 NW 44 STREET FORT LAUDERDALE FL 33309	e and a suppress	STREET ADOR CITY-ST-ZIP	24 S	gyo.ul le	GOS CIEUX	404 KIZ:		İ
TITLE NAME STREET ADDRESS		□ Defetæ	TITLE NAME STREET ADDR	ESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRI	ess			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	☐ Delete	CHY-ST-ZIP TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS ESS	• . •		☐ Change	☐ Addition	
12. I hereby o	certify that the information supplied with the	is filing does not qualify for t	he exemption	stated in Sec	tion 119.07(3)(i) Flor	rida Statutes, I further ce	rtify that the in	formation	

I hereby certify that the information supplied with this filling 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SHOMING OFFICER OR DIRECTOR

Date

Date

Date

Description Statutes. I further certify that the information indicated on the i