

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005054

1. Entity Name

SET FREE MINISTRY IN CHRIST, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90225 018 ****61.25

Principal Place of Business

Mailing Address

11825 SW 189TH STREET
MIAMI FL 33177

11825 SW 189TH STREET
MIAMI FL 33177-3934

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

65-0538704

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

MILLS, LUEVENIA J
11825 SW 189TH STREET
MIAMI FL 33177

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

P ☐ Delete

NAME

MILLS, LUEVENIA J

STREET ADDRESS

11825 SW 189TH STREET

CITY-ST-ZIP

MIAMI FL 33177

TITLE

D ☐ Delete

NAME

SPATCHER, EVELYN

STREET ADDRESS

11865 SW 189TH STREET

CITY-ST-ZIP

MIAMI FL 33177

TITLE

D ☐ Delete

NAME

WILLIAMS, MARY

STREET ADDRESS

1140 SW 196TH STREET

CITY-ST-ZIP

MIAMI FL 33177

TITLE

D ☐ Delete

NAME

SOLOMON, SHARON

STREET ADDRESS

26800 SW 144TH COURT

CITY-ST-ZIP

NARANJA FL 33032

TITLE

D ☐ Delete

NAME

WATSON, ROZENA

STREET ADDRESS

10875 SW 216TH STREET, APT 320

CITY-ST-ZIP

GOULDS FL 33170

TITLE

D ☐ Delete

NAME

DEWBERRY, ANGELA

STREET ADDRESS

11150 SW 196TH STREET

CITY-ST-ZIP

MIAMI FL 33177

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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 *Luciana J. Figueiredo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-00

Date

305-251-5529

Daytime Phone #

CR2E037 (9/99)