

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005054

1. Entity Name

SET FREE MINISTRY IN CHRIST, INC.

**FILED**  
Feb 22, 2001 8:00 am  
Secretary of State

02-22-2001 90128 003 \*\*\*\*61.25

0043857

Principal Place of Business

11825 SW 189TH STREET  
MIAMI FL 33177

Mailing Address

11825 SW 189TH STREET  
MIAMI FL 33177

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	<input type="checkbox"/> Delete
NAME	MILLS, LUEVENIA J	
STREET ADDRESS	11825 SW 189TH STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPATCHER, EVELYN	
STREET ADDRESS	11865 SW 189TH STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARY	
STREET ADDRESS	1140 SW 196TH STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, SHARON	
STREET ADDRESS	26800 SW 144TH COURT	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, ROZENA	
STREET ADDRESS	10875 SW 216TH STREET, APT 320	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEWBERRY, ANGELA	
STREET ADDRESS	11150 SW 196TH STREET	
CITY-ST-ZIP	MIAMI FL 33177	

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	
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	
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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01 305-251-5579

Date Daytime Phone #

CR2E037 (10/00)