

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90120 011 \*\*\*\*61.25

**DOCUMENT # N96000006513**

1. Entity Name

**THE SWEET HOME MINISTRIES INCORPORATED**

Principal Place of Business

Mailing Address

17201 S.W. 103RD AVENUE  
 MIAMI FL 33157

17201 S.W. 103RD AVENUE  
 MIAMI FL 33157

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0858670**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOWARD, BARBARA A**  
**9456 S.W. 164TH COURT**  
**MIAMI FL 33196**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	RICHARDSON, WALTER T	7993 S.W. 187TH STREET MIAMI FL 33157				
	D	HOWARD, BARBARA	9456 S.W. 164TH COURT MIAMI FL 33196				
	D	KNOX, GEORGE	3863 S.W. DOUGLAS ROAD HOLLYWOOD FL 33029				
	D	MITCHELL, INEZ	17924 N.W. 10TH STREET HOLLYWOOD FL 33029				
	D	HOWARD, SAM	19755 S.W. 135TH AVENUE MIAMI FL 33177				
	D	DAVIS, CINDY R	1 FINANCIAL PLAZA 100 SE 3RD AVE, STE 1200 FT LAUDERDALE FL 33394				

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

Date

Daytime Phone #

1-9-2001 (303) 291-5753

CR2E037 (10/00)