

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90204 005 \*\*\*\*\*73.00

**DOCUMENT # N97000002105**

1. Entity Name

**THE LAST DAY MINISTRY FROM GOD INC.**



Principal Place of Business

**1042 NW 76TH ST  
MIAMI FL 33150  
US**

Mailing Address

**1042 N.W. 76 STREET  
MIAMI FL 33150**

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 **65-0741920**

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

**ALEXANDER, EDWARD JR.  
15841 S.W. 102 COURT  
MIAMI FL 33157**

*He Died*

*Mrs's ter*

**Jeffery L. Roberts  
6991 S.W. 27th court  
Miramar Fl, 33023**

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]*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>TROUP, ELDER LOUIS A</b> |                                 |
| STREET ADDRESS | <b>5640 N.W. 14TH CT.</b>   |                                 |
| CITY-ST-ZIP    | <b>LAUDER HILL FL 33313</b> |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>SMITH, GROVER</b>        |                                 |
| STREET ADDRESS | <b>3011 N.W. 164 STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33054</b>       |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>TROUP, JOSEPHINE C</b>   |                                 |
| STREET ADDRESS | <b>5640 N.W. 14TH COURT</b> |                                 |
| CITY-ST-ZIP    | <b>LAUDER HILL FL 33313</b> |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>SMITH, REBECCA</b>       |                                 |
| STREET ADDRESS | <b>3011 N.W. 164 STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33054</b>       |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>SMITH, MARGARE</b>       |                                 |
| STREET ADDRESS | <b>3011 NW 164TH STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33054</b>       |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>MOORE, JOSEPH H JR</b>   |                                 |
| STREET ADDRESS | <b>3325 NW 191 STREET</b>   |                                 |
| CITY-ST-ZIP    | <b>OPA LOCKA FL 33056</b>   |                                 |

|                |                             |                                                                   |
|----------------|-----------------------------|-------------------------------------------------------------------|
| TITLE          | <b>E</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>KIMBLY ROBERTS</b>       |                                                                   |
| STREET ADDRESS | <b>6991 SW 27th COURT</b>   |                                                                   |
| CITY-ST-ZIP    | <b>MIRAMAR FL 33023</b>     |                                                                   |
| TITLE          | <b>LESLIE P. MOORE</b>      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>3325 N.W. 191ST</b>      |                                                                   |
| STREET ADDRESS | <b>OPA-LOCKA, FLA 33056</b> |                                                                   |
| 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]*

*4/25/2003*

CR2E037 (10/02)