

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90124 027 ****70.00

DOCUMENT # N97000006379

1. Entity Name

HENRY FERNANDEZ MINISTRIES, INC.



Principal Place of Business

**4061-69 NW 16 ST.
LAUDERHILL FL 33317**

Mailing Address

**P.O. BOX 9726
FT. LAUDERDALE FL 33310**

60021873



2. Principal Place of Business

5555 NW 95 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Sunrise FL

City & State

4. FEI Number **65-0792752**

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, HENRY
4061-69 NW 16 ST.
LAUDERHILL FL 33317**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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	DP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, HENRY	
STREET ADDRESS	4007 SANDERLING LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CAROL	
STREET ADDRESS	4007 SANDERLING LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SIMS, EDDIE	
STREET ADDRESS	7951 SW 7TH ST.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, ANDREW	
STREET ADDRESS	425 S. LABREA AVE	
CITY-ST-ZIP	INGLEWOOD CA 90301	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLISON, STEPHEN	
STREET ADDRESS	4731 NW 10TH CT #118	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Delete
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
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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: **X SIGNATURE REQUIRED**

4/17/03 954-742-7832

CR2E037 (10/02)