

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90059 027 ***61.25

DOCUMENT # N98000001828

1. Entity Name

AND IN THE BEGINNING, INC.



Principal Place of Business

**1900 SW 48TH AVE.
CARVER RANCHES FL 33023**

Mailing Address

**1900 SW 48TH AVE.
CARVER RANCHES FL 33023**

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 **65-0915175**

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

**CHENNAULT, MELVA T
1900 SW 48TH AVE.
CARVER RANCHES FL 33023**

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 **DV** ☐ Delete
NAME **CHENNAULT, MELVA T**
STREET ADDRESS **1900 SW 48TH AVE.**
CITY-ST-ZIP **CARVER RANCHES FL 33023**

TITLE **DP** ☒ Change ☐ Addition
NAME **Chennault, Melva**
STREET ADDRESS **1900 S.W. 48th Avenue, Carver Ranches**
CITY-ST-ZIP **FL 33023**

TITLE **DP** ☒ Delete
NAME **CHENNAULT, WILLIAM**
STREET ADDRESS **1900 SW 48TH AVE.**
CITY-ST-ZIP **CARVER RANCHES FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **SMITH, MELVIN**
STREET ADDRESS **4801 NW 18TH STREET 751 SW 93rd Terr**
CITY-ST-ZIP **FORT LAUDERDALE FL 33313 33023**

TITLE **D** ☒ Change ☐ Addition
NAME **Smith, Melvin**
STREET ADDRESS **751 S.W. 93rd Terr.**
CITY-ST-ZIP **Pembroke Pines, FL 33023**

TITLE **DT** ☒ Delete
NAME **THOMPSON, HUGO**
STREET ADDRESS **4131 STERLING ROAD #308**
CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GREENE, SHAWN T**
STREET ADDRESS **4801 NW 18TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE **DV** ☒ Change ☐ Addition
NAME **Greene, Shawn T.**
STREET ADDRESS **4801 N.W. 18th Street**
CITY-ST-ZIP **Fort Lauderdale, FL**

TITLE **DS** ☐ Delete
NAME **Sonya Greene-Smith**
STREET ADDRESS **751 SW 93rd Terr**
CITY-ST-ZIP **Pembroke Pines, FL 33023**

TITLE **DT** ☐ Change ☒ Addition
NAME **Wanda Greene-Thompson**
STREET ADDRESS **751 S.W. 93rd Terr.**
CITY-ST-ZIP **Pembroke Pines, FL 33023**

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]

03/04/03 (954) 989-3408