**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am Secretary of State DOCUMENT # **N98000005655** 1. Entity Name 02-11-2002 90035 002 \*\*\*\*61.25 JOY OF THE LORD MINISTRIES OF HOLLYWOOD, INC. Principal Place of Business Mailing Address 4350 S.W. 21ST STREET 4350 S.W. 21ST STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935993 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOLLY, WILFRED M SR. 4350 S.W. 21ST STREET HOLLYWOOD 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE Trustee ☐ Change **Addition** CR2E037 (9/01 Benjamin Abel NAME Jolly, Wilfred M Sr. NAME STREET ADDRESS 7927 LASALLE BLVD. STREET ADDRESS 4320 SW 24 St. CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33023 MIRAMAR FL 33023 DS Delete TITLE TITLE ☐ Change ☐ Addition NAME TAYLOR, ROBIN NAME STREET ADDRESS 5616 S.W. 20TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 TITLE ☐ Delete TITLE Change ☐ Addition NAME SWANN, WALTER NAME STREET ADDRESS STREET ADDRESS 601 N.W. 3RD. AVE. CITY-ST-ZIP CITY-ST-7IP HALLANDALE FL 33009 Benjamin Abel TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 4320 SW 24 54 STREET ADDRESS STREET ADDRESS Hollywood, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmost with an address, with all other like empowered. changed, or on an attachmost with an address, with

SIGNATURE:

01-20-02