

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90003 027 \*\*\*\*70.00

DOCUMENT #

NR800006059

1. Entity Name

EXPRESSIONS OF LOVE MINISTRIES, INC.

Principal Place of Business

Mailing Address

475 N.W. 29 Terr.  
 Ft. Lauderdale, FL 33311

P.O. Box 5051  
 Ft. Lauderdale, FL 33310

2. Principal Place of Business

3. Mailing Address

475 N.W. 29 Terr.  
 Suite, Apt. #, etc.

P.O. Box 5051  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

33311

Broward

33310

Broward

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)

City

FL

Zip Code

Charlotte Smith  
 475 N.W. 29 Terr.  
 Ft. Lauderdale, FL 33311

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	D Charlotte Smith "Board of Directors" 475 N.W. 29 Terr. Ft. Lauderdale, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy Bryant "Board of Directors" 1030 Park Drive Ft. Lauderdale, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nakia Smith "Board of Directors" 475 N.W. 29 Terr. Ft. Lauderdale, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charlotte Smith

4/28/00 (954)887-1202

CR2E037 (9/99)