

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007027

1. Entity Name

COMFORT YE MY PEOPLE FELLOWSHIP OUTREACH MINISTR  
Y, INC. WITH REVEREND LYDIA THOMPSON CAMEJO

Principal Place of Business

Mailing Address

1230 N.W. 9TH AVENUE  
MIAMI FL 33136

1230 N.W. 9TH AVENUE  
MIAMI FL 33136

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

65-0880808

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

WARREN, MARY MRS  
4470 NW 178 STREET  
MIAMI FL 33055

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.

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 PD ☐ Delete  
NAME CAMEJO, LYDIA THOMPSON  
STREET ADDRESS 1230 N.W. 9TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

TITLE Board of Director ☐ Change ☐ Addition  
NAME mavis hinson  
STREET ADDRESS 17280 SW 149 Ave miami FL 33186  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CARROTT, OPHELIA  
STREET ADDRESS 11775 S.W. 273RD STREET  
CITY-ST-ZIP PRINCETON FL 33032

TITLE Board of Director ☐ Change ☐ Addition  
NAME Hyacinth Titus  
STREET ADDRESS 13409 SW 116 Ct mia FL 33176  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FORD, LORETTA  
STREET ADDRESS 1931 N.W. 194TH TERRACE  
CITY-ST-ZIP MIAMI FL 33056

TITLE Treasurer ☐ Change ☐ Addition  
NAME Heather Brooks  
STREET ADDRESS 13409 SW 116 Ct, mia FL 33176  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lydia Thompson Camejo

3-19-02/305  
324588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90629 013 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)