

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000497**

1. Entity Name

A.J. WELLS MINISTRIES, INC.

Principal Place of Business

**1940 HARRISON STREET
300
HOLLYWOOD FL 33020**

Mailing Address

**1940 HARRISON STREET
300
HOLLYWOOD FL 33020**

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

65-0942050

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOCHSZTEIN, FRED
1940 HARRISON ST., SUITE 300
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WELLS, ANDREW J SR.
4031 NE 2ND WAY
POMPANO BEACH FL 33064** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WELLS, ANDREW J JR.
4031 NE 2ND WAY
POMPANO BEACH FL 33064** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WELLS, ANTONIO G
4031 NE 2ND WAY
POMPANO BEACH FL 33064** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WELLS, PATRICIA A
4031 NE 2ND WAY
POMPANO BEACH FL 33064** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WELLS, MARVA
4031 NE 2ND WAY
POMPANO BEACH FL 33064** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, FREDDIE
4031 NE 2ND WAY
POMPANO BEACH FL 33064** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90151 002 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)