

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90092 015 ****61.25

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLS, ANDREW J SR.	
STREET ADDRESS	4031 NE 2ND WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, ANDREW J JR.	
STREET ADDRESS	4031 NE 2ND WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, ANTONIO G	
STREET ADDRESS	4031 NE 2ND WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLS, PATRICIA A	
STREET ADDRESS	4031 NE 2ND WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLS, MARVA	
STREET ADDRESS	4031 NE 2ND WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, FREDDIE	
STREET ADDRESS	4031 NE 2ND WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Priscilla Portier	
STREET ADDRESS	4031 NE 2nd Way	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crystal Wilson	
STREET ADDRESS	4031 NE 2nd Way	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	Member-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruby Rachels	
STREET ADDRESS	4031 NE 2nd Way	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	Member-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucy Thomas	
STREET ADDRESS	4031 NE 2nd Way	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Andrew Wells

MARCH 28, 2003 954-784-7737

CR2E037 (10/02)