

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000865

1. Entity Name

ENCHANCES OF ELDERLY CARE MINISTRIES, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90076 001 ****61.25

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|--|---|
| Principal Place of Business 1723 NW 40TH STREET MIAMI FL 33142 | Mailing Address 1723 NW 40TH STREET MIAMI FL 33142-4855 |
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DO NOT WRITE IN THIS SPACE

| | |
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| 2. Principal Place of Business 99 NW 183 Street Suite, Apt. #, etc. Suite 110 | 3. Mailing Address 99 NW 183 Street Suite, Apt. #, etc. Suite 110 |
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|----------------------------|----------------------------|-----------------------------|-------------------------------|
| City & State Miami, FLA | City & State Miami, FLA | 4. FEI Number 65-0900190 | Applied For Not Applicable |
| Zip 33169 | Country US | Zip 33169 | Country US |

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HICKS, MILDRED 1723 NW 40TH STREET MIAMI FL 33142 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 HICKS, MILDRED 1723 NW 40TH STREET MIAMI FL 33142 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LANE, LOLA 930 CAROLINA AVENUE WEST PALM BEACH FL 33413 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FD BLYDEN, GERSHWIN 800 N.W. 203 STREET MIAMI FL 33169 <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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President GARY L. LANE 930 CAROLINA AVE. West Palm Beach, FLA. 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |
| 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: Mildred Hicks 4/26/00 305-654-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)