

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90103 032 ****61.25

DOCUMENT # N99000000865

1. Entity Name
ENHANCES OF ELDERLY CARE MINISTRIES, INC.



Principal Place of Business
**99 NW 183RD STREET, SUITE #110
MIAMI FL 33169**

Mailing Address
**99 NW 183RD STREET, SUITE #110
MIAMI FL 33169**

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 **65-0900190**

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

7. Name and Address of New Registered Agent

**HICKS, MILDRED
1723 NW 40TH STREET
MIAMI FL 33142**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, MILDRED	
STREET ADDRESS	1723 NW 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANE, LOLA	
STREET ADDRESS	930 CAROLINA AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	FD	<input type="checkbox"/> Delete
NAME	BLYDEN, GERSHWIN	
STREET ADDRESS	800 N.W. 203 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LANE, GARY L	
STREET ADDRESS	930 CAROLINE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Office Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Millicent Hicks	
STREET ADDRESS	13795 NE 10th Ave apt 14	
CITY-ST-ZIP	Miami, FLA. 33141	
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		
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:

Millicent Hicks

4/26/03

305-654-3553

CR2E037 (10/02)