

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 99 00000 3712**

1. Entity Name

Kids First Mission Ministries, Inc

Principal Place of Business

**2017 NW 14 AVE
Fort Lauderdale, FL
33311**

Mailing Address

**P.O. Box 1221
Fort Lauderdale, FL
33302**

2. Principal Place of Business

CORRECT

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0937440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

B0099993

6. Name and Address of Current Registered Agent

**AL Nzeakor
155 N. State Road 7
Plantation, FL 33317**

7. Name and Address of New Registered Agent

Name **Jerome Jones**
Street Address (P.O. Box Number is Not Acceptable)
1801 DAVIE Blvd.
City **Fort Lauderdale** FL Zip Code **33312**

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

Dr. Jerome Jones

Dr. Jerome Jones

2-15-2000

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	ERNST BRUMER Lucien
CITY-ST-ZIP	2017 H.W. 14 AVE FT. LAUDERDALE, FL 33311
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	MARGUERITE ROSE Lucien
CITY-ST-ZIP	2017 H.W. 14 AVE FT. LAUDERDALE, FL 33311
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	Jerome Jones
CITY-ST-ZIP	1801 DAVIE Blvd. FT. LAUDERDALE, FL 33312
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:

Ernst B. Lucien

2-15-2000 954-525-8561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)