

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90079 019 \*\*\*150.00

0134000

**DOCUMENT # P94000028245**

1. Entity Name

**JESUS COMPASSION MINISTRIES, INC.**

Principal Place of Business

**323 SOUTH WEST 76TH TERRACE  
NORTH LAUDERDALE FL 33068**

Mailing Address

**323 SOUTH WEST 76TH TERRACE  
NORTH LAUDERDALE FL 33068**

00029982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1401 SOUTH STATE RD. 7**

Suite, Apt. #, etc.

**7**

3. Mailing Address

**1401 S. STATE RD 7**

Suite, Apt. #, etc.

**#7**

City & State

**NORTH LAUDERDALE**

City & State

**NO. LAUDERDALE, FL**

Zip

**33068**

Country

**USA**

Zip

**33068**

Country

**USA**

4. FEI Number

**65-0482052**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CONNOR, HENRY**

**323 SOUTH WEST 76TH TERRACE  
NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name

**SADIE CONNOR**

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

**323 SW 76 TERR.**

City

**NO. LAUDERDALE**

**FL**

Zip Code

**33068**

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

*[Signature]*

**SADIE CONNOR**

**3-27-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **CONNOR, HENRY**  
STREET ADDRESS **323 SOUTH WEST 76TH TERRACE**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **D** ☒ Delete  
NAME **FINDLATER, AUSTIN**  
STREET ADDRESS **680 NORTH WEST 43RD AVENUE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **SADIE CONNOR**  
STREET ADDRESS **323 SW 76 TERRACE**  
CITY-ST-ZIP **NORTH LAUDERDALE, FL. 33068**

TITLE **M** ☐ Change ☒ Addition  
NAME **PAULINE M. BENT**  
STREET ADDRESS **3588 NW 35 ST**  
CITY-ST-ZIP **LAUDERDALE LAKES, FL. 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

*[Signature]*

**3-27-01 / 954-975-3234**

CR2E034 (10/00)