

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759091

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**6813117494CC**

**Entity Name:** EVANGELICAL MINISTRIES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

6120 WASHINGTON STREET  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

6120 WASHINGTON STREET  
HOLLYWOOD, FL 33023

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAWYERS, LLOYD N  
1101 S 62 AVE  
HOLLYWOOD, FL 33023 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SAWYERS, LLOYD N  
Address 1101 S. 62 AVE  
City-State-Zip: HOLLYWOOD FL 33023

Title T/D  
Name PRICE, HOWARD  
Address 12838 75TH LANE NORTH  
City-State-Zip: WEST PALM BEACH FL 33412

Title S/D  
Name GIBSON, MRS. MONIQUE  
Address 101 NE 206TH TERRACE  
City-State-Zip: MIAMI FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LLOYD SAWYERS**

**PRESIDENT/DIRECTOR**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date