

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-25-2000 90062 041 ****61.25

DOCUMENT # 700615

1. Entity Name

FORT LAUDERDALE RESCUE TABERNACLE, INC.

Principal Place of Business

Mailing Address

9538 HWY. 441
 BOYNTON BCH. FL 33437-4604

9538 HWY. 441
 BOYNTON BCH. FL 33437-4604

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

59-0774188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULBREATH, LOUIS A.
9538 US 441
BOYNTON BEACH FL 33437

Name

FRANK GRISANTY

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

9538 HWY. 441

City

BOYNTON BEACH

FL

Zip Code

33437

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

FRANK GRISANTY, Assistant Director

1/11/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	LARGE, JACK	
STREET ADDRESS	403 S.W. 8TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CULBREATH SR. LOUIS	
STREET ADDRESS	9538 HWY 441	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	READ, HENRY III	
STREET ADDRESS	1980 NW 9TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CULBREATH, LOUIS A.	
STREET ADDRESS	9538 HWY 441	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOELBINGER, WALTER	
STREET ADDRESS	2501 SW 45TH ST	
CITY-ST-ZIP	DANIA, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAULIS, CONRAD	
STREET ADDRESS	A5371 SW 40TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANFRATELLA, CURT	
STREET ADDRESS	1980 NW 9TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, GURNADE	
STREET ADDRESS	3960 N.W 47TH. AVE.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIOTT, BENNETTO	
STREET ADDRESS	401 S.W 73RD. AVE.	
CITY-ST-ZIP	NORTH LAUDERDALE, FL. 33068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYDOL, FORREST	
STREET ADDRESS	9538 HWY. 441	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
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:

Walter Hoelbinger, Pres. 1/11/2000

(561) 737-2259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (9/99)