

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90026 004 ****61.25

0052682

DOCUMENT # 700615
 1. Entity Name
FORT LAUDERDALE RESCUE TABERNACLE, INC.

| | |
|--|--|
| Principal Place of Business 9538 HWY. 441 BOYNTON BCH. FL 33437-4604 | Mailing Address 9538 HWY. 441 BOYNTON BCH. FL 33437-4604 |
|--|--|

A0006747



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent GRISANTY, FRANK 9538 HWY 441 BOYNTON BEACH FL 33437 | | 7. Name and Address of New Registered Agent 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
|---|---------------------------------|--|--|
| T LARGE, JACK 403 S.W. 8TH ST. FT. LAUDERDALE FL | <input type="checkbox"/> Delete | D CLAYPOOL, FORREST 9538 HWY 441 BOYNTON BEACH, FL. 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S SANFRATELLA, CURT 1980.NW 9TH AVE. FORT LAUDERDALE FL 33311 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D READ, HENRY III 1980 NW 9TH AVE. FT LAUDERDALE, FL 00000 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D BROWN, GURNADE 3960 N.W. 47TH AVE. LAUDERDALE LAKES FL 33068 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| P HOELBINGER, WALTER 2501 SW 45TH ST DANIA, FL 00000 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VP SHAULIS, CONRAD A5371 SW 40TH AVE FT. LAUDERDALE FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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. 1-9-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)