

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91700 014 ****61.25

DOCUMENT # 703763

1. Entity Name

**SUNSET PRESBYTERIAN CHURCH OF FORT LAUDERDALE, I
 NC.**

Principal Place of Business

Mailing Address

**3550 DAVIE BOULEVARD
 FT LAUDERDALE FL 33312-3438**

**3550 DAVIE BOULEVARD
 FT LAUDERDALE FL 33312-3438**

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0935811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUSZAR, GWEN
 3550 DAVIE BLVD.
 FORT LAUDERDALE FL 33312**

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

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 NAME	T HUSZAR, GWEN	<input type="checkbox"/> Delete
STREET ADDRESS	3550 DAVIE ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE NAME	D GALLANT, MARIE	<input type="checkbox"/> Delete
STREET ADDRESS	3550 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	SD OGDEN, GRACE	<input type="checkbox"/> Delete
STREET ADDRESS	3550 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Gwen Huszar* SIGNATURE REQUIRED: *Gwen Huszar, Treas.* Date: *4-28-02* Daytime Phone #: *954-581-5470*

CR2E037 (9/01)