

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90308 030 \*\*\*\*61.25

**DOCUMENT # 704000**

1. Entity Name

**FIRST BAPTIST CHURCH OF NORTH LAUDERDALE, INC.**

Principal Place of Business

Mailing Address

6177 KIMBERLY BLVD  
 N LAUDERDALE FL 33068-2801

6177 KIMBERLY BLVD  
 N LAUDERDALE FL 33068-2801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6532448**

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

**KORNEFF, BILL**  
**5457A SW 11ST**  
**MARGATE FL 33312**

Name *Ronny Bramos*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4959 NW 6th St*

City *Coconut Creek* **FL** Zip Code *33063*

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

*Ronny Bramos*

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	PD	<input type="checkbox"/> Delete
NAME	KORNEFF, BILL	
STREET ADDRESS	2829 EL RANCHO	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLIFFORD, KIMBERLY	
STREET ADDRESS	11650 NW 43 ST	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ESPEUT, LEO	
STREET ADDRESS	6710 SW 18 CT.	
CITY-ST-ZIP	POMPAÑO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARPE, SUSAN	
STREET ADDRESS	2160 NW 76 TERR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAINBRIDGE, LYNN	
STREET ADDRESS	741 SW 49 TERR.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, ED	
STREET ADDRESS	1940 PLAYER PL.	
CITY-ST-ZIP	N LAUDERDALE FL 33068	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>William Korneff</i>	
STREET ADDRESS	<i>William Korneff</i>	
CITY-ST-ZIP	<i>William Korneff</i>	
TITLE	Rick Nail	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Rick Nail</i>	
STREET ADDRESS	<i>164 NW 80 Ave.</i>	
CITY-ST-ZIP	<i>Margate FL 33063</i>	
TITLE	Clay Brasington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Clay Brasington</i>	
STREET ADDRESS	<i>6177 Kimberly Blvd.</i>	
CITY-ST-ZIP	<i>No. Laud. FL 33068</i>	
TITLE	Dorothy Wincek	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dorothy Wincek</i>	
STREET ADDRESS	<i>5401 SW 12 ST C 201</i>	
CITY-ST-ZIP	<i>N. Laud. FL 33068</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

*Kimberly A. Goulet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/00*

Date

*954-761-5354*

Daytime Phone #

CR 007 (9/99)