

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90062 007 \*\*\*\*61.25

**DOCUMENT # 709415**

1. Entity Name

**15TH STREET CHURCH OF CHRIST, INC.**

Principal Place of Business

Mailing Address

**390 N.W. 15TH STREET  
 P.O. BOX 271  
 POMPANO BEACH FL 33061**

**390 N.W. 15TH STREET  
 P.O. BOX 271  
 POMPANO BEACH FL 33061**

RUUU017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2449777**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**CLARKE, LARRY W  
 680 NW 23RD TERR  
 POMPANO BEACH FL 33069**

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**  
**After September 12, 2001, min. will be \$236.25**

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          | PTD                    | <input type="checkbox"/> Delete |
| NAME           | CLARKE, LARRY W.       |                                 |
| STREET ADDRESS | 680 N W 23RD TERR      |                                 |
| CITY-ST-ZIP    | POMPANO BCH FL         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | RUSH, SYLVESTER        |                                 |
| STREET ADDRESS | 631 NW 23RD TERRACE    |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL       |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | MOORE, MATHEW SR.      |                                 |
| STREET ADDRESS | 220 NE 31ST STREET     |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL       |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | COLEY, JOHNNY          |                                 |
| STREET ADDRESS | 1730 NW 5TH AVE.       |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL       |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | CAMPBELL, ANTHONY      |                                 |
| STREET ADDRESS | 101 SE 6TH AVE #16     |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BALDWIN, GEORGE        |                                 |
| STREET ADDRESS | 1731 NW 5TH AVE        |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060 |                                 |

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |
| 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)(l), 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: LARRY W. CLARKE 9/13/01 9549721526

CR2E037 (5/01)