

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90332 023 \*\*\*\*61.25

**DOCUMENT # 737678**

1. Entity Name

**CHRISTIAN FAMILY WORSHIP CENTER OF SOUTH FLORIDA**

Principal Place of Business

27500 OLD DIXIE HWY  
 P.O. BOX 7000339  
 MIAMI FL 33170-0339  
 US

Mailing Address

P. O. BOX 700339  
 P.O. BOX 700339  
 MIAMI FL 33170-0339  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1661247**

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

**MCCORMICK, ARTHUR F., ESQ**  
**7550 RED ROAD**  
**SUITE 203**  
**S. MIAMI FL 33143**

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	TD	<input type="checkbox"/> Delete
NAME	BOWLES, HENRY	
STREET ADDRESS	27441 SW 164TH CT	
CITY-ST-ZIP	HOMESTEAD FL 33090	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCANULTY, KEVIN D	
STREET ADDRESS	28561 SW 163 CT.	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROSBY, ALFANZO	
STREET ADDRESS	11955 SW 186 ST.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HILL, JERRY A	
STREET ADDRESS	1660 SANDPIPER BLVD.	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Homestead, FL 33031	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Homestead, FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Homestead, FL 33035	
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:** *S. James D. McAnulty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/01* *305-248-9598*  
 Date Daytime Phone #

CR2E037 (10/00)