

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755288

1. Entity Name

CHURCH OF GOD OF WEST BROWARD, INC.

Principal Place of Business

1050 NW 43RD AVE.
PLANTATION FL 33313-3742

Mailing Address

1050 NW 43RD AVE.
PLANTATION FL 33313-3742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, REGINALD G
2310 NW 115 DR
CORAL SPRINGS FL 33065

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

After September 13, 2000 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 P ☐ Delete
NAME SMITH, REGINALD G
STREET ADDRESS 2310 NW 115 DR
CITY-ST-ZIP CORAL SPRINGS, FL 00000

TITLE ☐ Change ☐ Addition
NAME 700003488007-3
STREET ADDRESS -12/05/00-01092-003
CITY-ST-ZIP *****236.25 *****236.25

TITLE D ☐ Delete
NAME SMITH, CAROL
STREET ADDRESS 2310 N.W. 115 DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME LOWE, ROBERTO
STREET ADDRESS 5267 NW 112TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☐ Change ☐ Addition
NAME Dave Hylton
STREET ADDRESS 1209 Sussex Dr.
CITY-ST-ZIP N. Lauderdale FL. 33668

TITLE SD ☐ Delete
NAME THOMAS, ANNETTE
STREET ADDRESS 641 CAROLINA AVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 (954) 792-0367
Date Daytime Phone #

APPROVED
AND
FILED

00 NOV -8 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

1. PEI Number

59-2173396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/00)

KE