

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90124 043 \*\*\*\*61.25

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2173396**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After September 13, 2002,**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, REGINALD G</b>	
STREET ADDRESS	<b>2310 NW 115 DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CAROL</b>	
STREET ADDRESS	<b>2310 N.W. 115 DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>HYLTON, DAVE</b></del>	
STREET ADDRESS	<del><b>1209 SUSSEX DR.</b></del>	
CITY-ST-ZIP	<del><b>N. LAUDERDALE FL 33068</b></del>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, ANNETTE</b>	
STREET ADDRESS	<b>641 CAROLINA AVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	<b>JONES, JACINTH</b>	
STREET ADDRESS	<b>3730 NW 88 AVE #140</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
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: SIGNATURE REQUIRED JACINTH JONES 9/3/02 (954) 792-0367

CR2E037 (4/02)