

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90008 017 ****61.25

DOCUMENT # 757517

1. Entity Name

FLORIDA BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

**9300 PEMBROKE ROAD
 MIRAMAR FL 33025-8699**

**9300 PEMBROKE ROAD
 MIRAMAR FL 33025-8699**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2123852

Applied For

Not Applicable

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

**GIBBS, DAVID C III
 5666 SEMINOLE BOULEVARD, SUITE TWO
 SEMINOLE FL 33772**

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

DAVID C. GIBBS III

3/17/02

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, SAM	
STREET ADDRESS	4734 NW 192 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOKAR, PETER	
STREET ADDRESS	1923 NW 171 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDONNE, ROBERT	
STREET ADDRESS	1538 ISLAND WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOM-AJAN, VICENTE	
STREET ADDRESS	8470 NW 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOFORTE, FRANK	
STREET ADDRESS	20125 NW62 CT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESCE, KEITH	
STREET ADDRESS	6302 SW 32 ST	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roark, Clinton	
STREET ADDRESS	11000 SW 10 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clarke, Pete	
STREET ADDRESS	878 SW 173 Ave	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hill, Billy	
STREET ADDRESS	2010 NW 86 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dixon, Desmond	
STREET ADDRESS	20503 NW 15 Avenue	
CITY-ST-ZIP	Miami, FL 33169	
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 the empowered.

SIGNATURE: *Ron Williams* Rev. Pete Tokar 3/14/02 954-431-6776

CR2E037 (9/01)