2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N32100** Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** CARIBBEAN BAPTIST COMMUNICATIONS CENTRE, INC. 01-14-2000 90045 009 ****61.25 Principal Place of Business Mailing Address 3400 RALEIGH ST 3400 RALEIGH ST HOLLYWOOD FL 33021-3122 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 74-2124784 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 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) HODGES, PERRY W. JR 644 SE 4TH AVE FT. LAUDERDALE FL 33301 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. \Box Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MILLS, LAMBERT STREET ADDRESS BARBADOS BAPTIST COLLEGE, FORTESCUE STREET ADDRESS CITY-ST-ZIP CITÝ-ST-ZIP BARBADOS WE ☐ Delete Change ☐ Addition SD TITLE TITLE NAME EDGAR, ARTHUR NAME STREET ADDRESS STREET ADDRESS 3400 RALEIGHT STREET CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE. TD NAME PINDER, PETER NAME STREET ADDRESS STREET ADDRESS P.O. BOX F-44367 "NA" CITY-ST-ZIP CITY-ST-7IP FREEPORT BA ☐ Change ☐ Addition TITLE CD ☐ Delete TITLE NAME SEARCY, MICHAEL NAME STREET ADDRESS STREET ADDRESS 3400 RALEIGHT ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FI ☐ Change ☐ Addition TITLE ☐ Delete TITLE WOOD, VINCENT NAME NAME STREET ADDRESS STREET ADDRESS 83 GIBBONS TERR., CHRIST CHURCH CITY-ST-ZIP CITY-ST-ZIP **BARBADOS WE** Change ☐ Addition ☐ Delete TITLE NAME JAMES, RODERICK NAME STREET ADDRESS STREET ADDRESS 21 RUSSELL HEIGHTS

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.

CITY-ST-ZIP

SIGNATURE:

KINGSTON 8 JA

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5,2000

954-981-2271

Daytime Phone #