

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90006 049 ****61.25

DOCUMENT # N32100

1. Entity Name

CARIBBEAN BAPTIST COMMUNICATIONS CENTRE, INC.

Principal Place of Business

Mailing Address

**3400 RALEIGH ST
 HOLLYWOOD FL 33021**

**3400 RALEIGH ST
 HOLLYWOOD FL 33021**

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

74-2124784

Applied For

Not Applicable

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

**HODGES, PERRY W. JR
 644 SE 4TH AVE
 FT. LAUDERDALE FL 33301**

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 Delete
 NAME **PD MILLS, LAMBERT**
 STREET ADDRESS **BARBADOS BAPTIST COLLEGE, FORTESCUE**
 CITY-ST-ZIP **BARBADOS WE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD EDGAR, ARTHUR**
 STREET ADDRESS **3400 RALEIGHT STREET**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD PINDER, PETER**
 STREET ADDRESS **P.O. BOX F-44367 "NA"**
 CITY-ST-ZIP **FREEPORT BA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD SEARCY, MICHAEL**
 STREET ADDRESS **3400 RALEIGHT ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WOOD, VINCENT**
 STREET ADDRESS **83 GIBBONS TERR., CHRIST CHURCH**
 CITY-ST-ZIP **BARBADOS WE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JAMES, RODERICK**
 STREET ADDRESS **21 RUSSELL HEIGHTS**
 CITY-ST-ZIP **KINGSTON 8 JA**

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: *Arthur J. Edgar* **ARTHUR J. EDGAR-Director** 1-17-02 954-981-2271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)