

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0076012

DOCUMENT # N95000000318

1. Entity Name

NEW DISCIPLES WORSHIP CENTER, INC.

03-14-2002 90013 044 ****61.25

Principal Place of Business

Mailing Address

**500 GULFSTREAM BLVD
 STE 101A
 DELRAY BEACH FL 33444
 US**

**P.O. BOX 638
 DELRAY BEACH FL 33447-0638**

2. Principal Place of Business

3. Mailing Address

500 GULFSTREAM BLVD

Suite, Apt. #, etc.

SUITE #200

Suite, Apt. #, etc.

City & State

DELRAY BEACH FLA.

City & State

4. FEI Number

65-0551253

Applied For

Not Applicable

Zip

33447

Country

US

Zip

Country

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

**BROWN, TOMMY L
 8123 MYSTIC HARBOR CIRCLE
 BOYNTON BEACH FL 33436**

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**
 STREET ADDRESS **BROWN, TOMMY L**
 CITY-ST-ZIP **8123 MYSTIC HARBOR CIRCLE
 BOYNTON BEACH FL 33436**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BROWN, DARLENE A**
 CITY-ST-ZIP **8123 MYSTIC HARBOR CIRCLE
 BOYNTON BEACH FL 33436**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DOBARD, PAULA L**
 CITY-ST-ZIP **713 SW 2ND STREET, APT B
 DELRAY BEACH FL 33444**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, PATRICIA**
 CITY-ST-ZIP **301 SW 8TH COURT
 DELRAY BEACH FL 33444**

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

TITLE ☐ Delete
 NAME **O**
 STREET ADDRESS **MCCRAY, NATHAN**
 CITY-ST-ZIP **5385 CEDAR LAKE RD - #1518
 BOYNTON BCH FL 33437**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **BRIDGETTE A. MCLENNON**
 STREET ADDRESS **100 BLACK OLIVE CRESCENT**
 CITY-ST-ZIP **ROYAL PALM BEACH FLA. 33411**

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

2/27/02

Date Daytime Phone #

CR2E037 (9/01)