

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90043 013 ****61.25

DOCUMENT # N96000004963

1. Entity Name

FIRST BAPTIST CHURCH OF HALLANDALE, FLORIDA, INC

Principal Place of Business

Mailing Address

**214 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

**214 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

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 **59-1697031**

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

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 NAME	PD GARRISON, LINLEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6151 S.W. 32ND ST HOLLYWOOD FL 33023	
TITLE NAME	SD WILLIAMS, ESTHER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	221 S.W. 4TH ST HALLANDALE FL 33009	
TITLE NAME	TD ADAMS, ELIZABETH H	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	640 S.W. 6 ST HALLANDALE FL 33009	
TITLE NAME	D MURRELL, PAULETTE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1520 N. 57TH TERR HOLLYWOOD FL 33021	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PD Richard L. Murrell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1912 N. 37 Ave. Hollywood, Fl. 33021	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Elizabeth H. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth H. Adams

4-25-2002 954-457-7751

CR2E037 (9/01)