2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2002 8:00 am Secretary of State DOCUMENT # 700971 1. Entity Name 04-16-2002 90029 039 ****61.25 FIRST UNITED CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address HOLLYWOOD HOLLYWOOD 200 NORTH 46TH AVENUE 200 NORTH 46TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 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) SWACKHAMMER, VICTOR 5615 FORREST ST HOLLYWOOD FL 33021 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change MD TITLE Delete TITLE Addition Ibierajewski KAZ SWACKHAMMER, VICTOR NAME NAME 3170 NW 93rd Ave. STREET ADDRESS STREET ADDRESS 5615 FORREST ST SUNPISE, FL 33351 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE TRT ☐ Delete TITLE ☐ Change ☐ Addition NAME MENGERSEN, NESHA STREET ADDRESS STREET ADDRESS 114 BRIARWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Change ☐ Addition TITLE TRT 🖃 🗔 Delete 🔝 NAME GARDNER, JAMES STREET ADDRESS STREET ADDRESS 2402 CARLYLE LANE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Delete **⊆** Change ☐ Addition TITLE TITLE ZUENDEL, KATHY NAME NAME ZEIGLAR, MARTHA STREET ADDRESS STREET ADDRESS 4340 SW 67 TERRACE 32 13 Broad wa CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 HOHUWOOD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 cath, 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:

CITY-ST-ZIP

4/4/02