

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709415

1. Entity Name

15TH STREET CHURCH OF CHRIST, INC.

Principal Place of Business

390 N.W. 15TH STREET  
P.O. BOX 271  
POMPANO BEACH FL 33061

Mailing Address

390 N.W. 15TH STREET  
P.O. BOX 271  
POMPANO BEACH FL 33061

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CLARKE, LARRY W  
680 NW 23RD TERR  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CLARKE, LARRY W.  
680 N W 23RD TERR  
POMPANO BCH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUSH, SYLVESTER  
631 NW 23RD TERRACE  
POMPANO BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOORE, MATHEW SR.  
220 NE 31ST STREET  
POMPANO BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COLEY, JOHNNY  
1730 NW 5TH AVE.  
POMPANO BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CAMPBELL, ANTHONY  
101 SE 6TH AVE #16  
POMPANO BEACH FL 33060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BALDWIN, GEORGE  
1731 NW 5TH AVE  
POMPANO BEACH FL 33060 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASSISTANT SECRETARY  
SHAUN R. KING  
4042 EASTRIDGE CIRCLE  
POMPANO BEACH, FL 33064 ☐ Change ☒ Addition

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

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

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

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

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

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:

LARRY W. CLARKE 8/31/02 9549721526

FILED  
Sep 08, 2002 8:00 am  
Secretary of State

09-08-2002 90118 038 \*\*\*\*70.00

06-03-2002 91200 006 \*\*\*\*70.00

B0136300



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2449777

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

CR2E037 (4/02)