

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90093 008 ****61.25

DOCUMENT # 708425

1. Entity Name
HARDING STREET CHURCH OF CHRIST, INC.

Principal Place of Business: **5828 HARDING STREET HOLLYWOOD FL 33021**
 Mailing Address: **5828 HARDING STREET HOLLYWOOD FL 33021**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **65-0025269** 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
HORACE Y. MAGUIRE
1821 N. 48TH AVE.
HOLLYWOOD FL 33021

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.

SIGNATURE: *Horace Y. Maguire* (NOTE: Registered Agent signature required when reinstating)
 DATE: *8/28/2000*

FILE NOW: FEE IS \$61.25
After September 13, 2000 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLASINGIM, EDWIN		NAME: _____	
STREET ADDRESS: 1160 NW 193 ST		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CLAIBORNE, EDGAR		NAME: _____	
STREET ADDRESS: 1761 NW 85TH WAY		STREET ADDRESS: _____	
CITY-ST-ZIP: PEMBROKE PINES FL		CITY-ST-ZIP: _____	
TITLE: PD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RICHARDS, GEORGE L.		NAME: _____	
STREET ADDRESS: 10671 N.W. 20TH ST.		STREET ADDRESS: _____	
CITY-ST-ZIP: PEMBROKE PINES FL		CITY-ST-ZIP: _____	
TITLE: T	<input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FOSSLER, EDWARD		NAME: WEBB, KENT	
STREET ADDRESS: 9780 S.W. 55TH CT		STREET ADDRESS: 910 S.W. 129th WAY	
CITY-ST-ZIP: FT LAUDERDALE FL		CITY-ST-ZIP: DAVIE, FL 33325	
TITLE: VP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EVANS, MELVIN		NAME: _____	
STREET ADDRESS: 6501 S.W. 5TH ST		STREET ADDRESS: _____	
CITY-ST-ZIP: PEMBROKE PINES FL		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: *EDWIN BLASINGIM* (NOTE: Signature and typed or printed name of signing officer or director)
 Date: *8/28/00* Daytime Phone #: *954-961-4112*

CR2E037 (5/00)