

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0033128

DOCUMENT # 708425

1. Entity Name

HARDING STREET CHURCH OF CHRIST, INC.

04-04-2001 90129 045 ****61.25

Principal Place of Business

Mailing Address

5828 HARDING STREET
 HOLLYWOOD FL 33021

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 HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0025269

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORACE Y. MAGUIRE
1821 N. 48TH AVE.
HOLLYWOOD FL 33021

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

(NOTE: Registered Agent signature required when reinstating)

4/1/01
 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	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	BLASINGIM, EDWIN	1160 NW 193 ST	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
D	CLAIBORNE, EDGAR	1761 NW 85TH WAY	PEMBROKE PINES FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	RICHARDS, GEORGE L.	10671 N.W. 20TH ST.	PEMBROKE PINES FL	<input type="checkbox"/>	<input type="checkbox"/>
T	WEBB, KENT	910 S.W. 129TH WAY	DAVIE FL 33325	<input type="checkbox"/>	<input type="checkbox"/>
VP	EVANS, MELVIN	6501 S.W. 5TH ST	PEMBROKE PINES FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: *4/1/01*
 DAYTIME PHONE #: *954-961-4112*

CR2E037 (10/00)