

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)