

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-05-2002 90415 019 ****61.25

DOCUMENT # 710645

1. Entity Name

LAUDERDALE MANORS CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

6080 SW 17TH ST.
POMPANO BEACH FL 33068-16186080 SW 17TH ST.
POMPANO BEACH FL 33068-1618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1547937

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROLAK, LEO
5900 SW 6TH ST.
PLANTATION FL 33317
Name: **Charles Turnquest**

Street Address (P.O. Box Number is Not Acceptable)

7300 NW 49th CtCity **Ft Lauderdale****FL**Zip Code **33319**

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 **Charles Turnquest, Pres**

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

(NOTE: Registered Agent signature required when reinstating)

6-3-02
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HINTON, JAMES**
 CITY-ST-ZIP **1712 NW 11 AVE**
FT. LAUDERDALE FL 33311

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

 TITLE ☐ Delete
 NAME **SDT**
 STREET ADDRESS **TURNQUEST, CHARLES**
 CITY-ST-ZIP **7300 NW 49 CT**
LAUDERHILL FL 33319

 TITLE ☒ Change ☐ Addition
 NAME **PDS**
 STREET ADDRESS **TURNQUEST, CHARLES**
 CITY-ST-ZIP **7300 NW 49th Ct**
LAUDERHILL, FL 33319

 TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **KROLAK, LEO**
 CITY-ST-ZIP **5900 SW 6TH ST**
PLANTATION FL 33317

 TITLE ☐ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **KROLAK, LEO**
 CITY-ST-ZIP **5900 SW 6th St**
Plantation, FL 33317

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(f), 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 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-02 (954)
868-9650

CR2E037 (9/01)