

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713932

1. Entity Name

THE BIBLE CHURCH OF GOD OF FORT LAUDERDALE, INCO

Principal Place of Business
Viola M. Howell
~~REX DONALD V HOWELL~~
1597 MAITLAND AVE.
MAITLAND FL 32751

Mailing Address
Viola M. Howell
~~REX DONALD V HOWELL~~
1597 MAITLAND AVE.
MAITLAND FL 32751

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90300 003 ****61.25

749148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2353849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, VIOLA M
1597 MAITLAND AVE.
MAITLAND FL 32751

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 *Viola M. Howell*
Viola M. Howell, President

4/19/01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D ☐ Delete
NAME HOWELL, DONALD V R
STREET ADDRESS 1597 MAITLAND AVE.
CITY-ST-ZIP MAITLAND FL 32751

TITLE VSD ☐ Delete
NAME HOWELL, DONNA
STREET ADDRESS 16160 SUNSET BLVD., APT D
CITY-ST-ZIP PACIFIC PALISADES CA 90272

TITLE PTD ☐ Delete
NAME HOWELL, VIOLA M
STREET ADDRESS 1597 MAITLAND AVE.
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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)(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: *Viola M. Howell*
Viola M. Howell

4/19/01 (407)834-3628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0023312