

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714678

1. Entity Name

FIRST BAPTIST CHURCH OF DAVIE/COOPER CITY INC.

Principal Place of Business

Mailing Address

8950 STIRLING ROAD
COOPER CITY, FL 33024

8950 STIRLING ROAD
COOPER CITY, FL 33024-8220

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90080 033 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1289834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILES, RALPH F. ESQ.
201 E 2ND STREET
HIALEAH FL 33010

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME T
STREET ADDRESS SOST, DOROTHY L
CITY-ST-ZIP 117 EAST LAKESHORE DR
HALLANDALE FL 33009

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

TITLE ☒ Delete
NAME D
STREET ADDRESS LORD, HAROLD SR
CITY-ST-ZIP 5631 NE 6TH ST
FT LAUDERDALE FL 33334

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JAMES WHITMAN
CITY-ST-ZIP 5700 S.W. 38 CT
DAVIE, FL 33314

TITLE ☐ Delete
NAME PD
STREET ADDRESS LAUDERDALE, VIRGINIA
CITY-ST-ZIP 5306 S.W. 76TH AVE.
DAVIE FL 33314

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SHAW, HENRY
CITY-ST-ZIP 5601 S.W. 57TH ST.
DAVIE FL 33314

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WOODWARD, CAROLYN
CITY-ST-ZIP 12655 SW 12TH ST
DAVIE FL 33325

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

TITLE ☒ Delete
NAME D
STREET ADDRESS NELSON, JAMES
CITY-ST-ZIP 5240 SW 115TH AVE
FORT LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME TOM STORY
STREET ADDRESS 241 N.W. 197 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)