

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90004 006 ****61.25

DOCUMENT # 714678

1. Entity Name

FIRST BAPTIST CHURCH OF DAVIE/COOPER CITY INC.

Principal Place of Business

8950 STIRLING ROAD
 COOPER CITY FL 33024

Mailing Address

8950 STIRLING ROAD
 COOPER CITY FL 33024

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

59-1289834

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

MILES, RALPH F. ESO.
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	T	☒ Delete
NAME	SOST, DOROTHY L	
STREET ADDRESS	117 EAST LAKESHORE DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☒ Delete
NAME	WHITMAN, JAMES	
STREET ADDRESS	5700 SW 38 CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	PD	☐ Delete
NAME	LAUDERDALE, VIRGINIA	
STREET ADDRESS	5306 S.W. 78TH AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	☒ Delete
NAME	SHAW, HENRY	
STREET ADDRESS	5601 SW 57TH ST.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	☐ Delete
NAME	WOODWARD, CAROLYN	
STREET ADDRESS	12655 SW 12TH ST	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	R	☒ Delete
NAME	STORY, TOM	
STREET ADDRESS	241 NW 197 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	Beatrice Meister D	☒ Change ☐ Addition
NAME	7400 Taylor St.	
STREET ADDRESS	Hollywood, Fl 33024	
CITY-ST-ZIP		
TITLE	Wilbur Corbitt D	☒ Change ☐ Addition
NAME	4950 SW 95 Avenue	
STREET ADDRESS	Cooper City, Fl 33328	
CITY-ST-ZIP		
TITLE	Paula Story PD	☒ Change ☐ Addition
NAME	241 NW 197 Ave	
STREET ADDRESS	Pembroke Pines, Fl 33029	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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 (10/00)