

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90074 020 *****61.25

0036200

DOCUMENT # 715451

1. Entity Name

ST. JOHN'S CHRISTIAN CHURCH (DISCIPLES OF CHRIST)

Principal Place of Business

Mailing Address

**4213 NOTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064**

**4213 NOTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064**

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

59-2382759

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

**CORBIN, DONALD K.
727 NE 3RD AVE.
FT. LAUDERDALE FL 33304**

Name **FLORENCE A. BROOKSHIRE**

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

5932 CATESBY ST

BOCA RATON, FL 33433

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

Florence A. Brookshire

3/30/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FRIEDRICHS, ARTHUR**
CITY-ST-ZIP **2510 NE 35TH STREET
LIGHTHOUSE POINT FL**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BROOKSHIRE, VORIS G JR**
CITY-ST-ZIP **5932 CATESBY STREET
BOCA RATON FL**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BROOKSHIRE, FLORENCE**
CITY-ST-ZIP **5932 CATESBY ST
BOCA RATON FL**

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **WOODCOCK, GORDON H**
CITY-ST-ZIP **1361 S. OCEAN BLVD
POMPANO BEACH FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FRIEDRICHS, JUANITA**
CITY-ST-ZIP **2510 NE 35TH STREET
LIGHTHOUSE POINT FL**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **FRIEDRICHS, JUANITA**
CITY-ST-ZIP **2510 NE 35TH ST
LIGHTHOUSE POINT, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **JEANNE M. KECK**
CITY-ST-ZIP **2291 DATE PALM DR.
BOCA RATON, FL**

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:

Florence A. Brookshire

3/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)