

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

0036491

**DOCUMENT # 724348**

1. Entity Name

**RIVERSIDE CHRISTIAN FELLOWSHIP, INC.**

04-14-2001 90023 039 \*\*\*\*61.25

Principal Place of Business

957 S.W. 71 AVE  
 NORTH LAUDERDALE FL 33068  
 US

Mailing Address

957 S.W. 71 AVE  
 NORTH LAUDERDALE FL 33068  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1718004**

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

**WERNER, JERRY**  
**3561 NW 99TH AVE.**  
**CORAL SPRINGS FL 33085**

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

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	SD	<input type="checkbox"/> Delete
NAME	KING, NANCY	
STREET ADDRESS	10310 NW 42ND DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33085	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WERNER, JERRY	
STREET ADDRESS	3561 N W99TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL 33085	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROOKINS, BRIAN	
STREET ADDRESS	2460 NW 108 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33085	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	NEWCOMBE, DAVID	
STREET ADDRESS	2099 NW 107 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33085	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, and if other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jerry B. Werner*  
**Jerry B. Werner**

Date

1/15/01

Daytime Phone #

954-720-8737

CR2E037 (10/00)