

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724676

1. Entity Name

THE SOUTH FLORIDA CHURCH OF CHRIST, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90015 014 ****70.00

Principal Place of Business	Mailing Address
14750 NW 77 CT STE 125 MIAMI LAKES FL 33016 US	14750 NW 77 CT STE 125 MIAMI LAKES FL 33016-1505 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2434239	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HASLER, JAMES
14750 NW 77 CT
STE 125
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name	Mary Hattaway CPA change
Street Address (P.O. Box Number is Not Acceptable)	This was reported + paid in 5/99.
City	(Same)
State	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	MJ Hattaway	DATE	4/7/00
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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	S	<input type="checkbox"/> Delete
NAME	HATTAWAY, MARY	
STREET ADDRESS	5900 SW 89TH LANE	
CITY-ST-ZIP	COOPER CITY FL 33378	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIHN, TOM	
STREET ADDRESS	7708 OAKBORO DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROSH, JOHN	
STREET ADDRESS	14740 SW 79TH COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEAM, ANN	
STREET ADDRESS	535 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BATTLE, ANTHONY	
STREET ADDRESS	10110 SW 108TH STREET	
CITY-ST-ZIP	MAIMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENGOCHEA, JORGE- GARCIA	
STREET ADDRESS	FUJIYAMA #67 COLONIA L. AGUILAS	
CITY-ST-ZIP	MEXICO CITY, D.F. MX 01710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		1485 SW 97th WAY	
CITY-ST-ZIP		Davie, FL 33324	
TITLE	DT	KUHN, Tom (spelling correction)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		Same	
CITY-ST-ZIP			
TITLE	DP	BRUSH, John (Spelling Correction)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		9702 SW 131 STREET	
CITY-ST-ZIP		Miami, FL 33176	
TITLE		Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		15203 SW 81st Avenue	
CITY-ST-ZIP		Miami, FL 33157	
TITLE	D	(BORDO member not an officer)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Same	
STREET ADDRESS		2051 NE 214 Terrace	
CITY-ST-ZIP		North Miami, FL 33179	
TITLE		Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		5777 DESCARTES CIRCLE	
CITY-ST-ZIP		Boynton Beach, FL 33437	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/6/00
DAYTIME PHONE #: 305 558 3210

CR2E037 (9/99)