

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90072 019 \*\*\*\*70.00

0018381

**DOCUMENT # 724676**

1. Entity Name

**THE SOUTH FLORIDA CHURCH OF CHRIST, INC.**

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  
 US

00000832



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

**59-2434239**

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

**HATTAWAY, MARY**  
**14750 NW 77 CT**  
**STE 125**  
**MIAMI LAKES FL 33016**

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	DS	<input type="checkbox"/> Delete
NAME	HATTAWAY, MARY	
STREET ADDRESS	1485 SW 97 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KUHN, TOM	
STREET ADDRESS	7708 OAKBORO DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BRUSH, JOHN	
STREET ADDRESS	9702 SW 131 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEAM, ANN	
STREET ADDRESS	15203 SW 81 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTLE, ANTHONY	
STREET ADDRESS	1047 NE 202 LANE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENGOCHEA, JORGE- GARCIA	
STREET ADDRESS	5777 DESCARTES CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

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		
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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, with all other like empowered.

SIGNATURE: M. Hattaway **REQUIRED**

3/22/02

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