

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736723

1. Entity Name

SAINT LUKE BAPTIST CHURCH IN FORT LAUDERDALE, IN

Principal Place of Business

Mailing Address

210 N.W. 6TH AVE..
FT. LAUDERDALE FL 33311

210 N.W. 6TH AVE..
FT. LAUDERDALE FL 33311-9152

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90188 023 ****61.25

00026178



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

GASKINS, REV. WILLIE J.
17965 NW 7TH AVE.
MIAMI FL 33169

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:
FEES 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
C	GREEN, EVARD	3818 NW 34TH ST.	LAUDERDALE LAKES FL	☐
TR	SCOTT, ROSA M.	2892 NW 8TH CRT.	FT. LAUDERDALE FL	☐
TR	BRAGG, BEAULAH	3759 SW 16 CRT.	FT. LAUDERDALE FL	☐
TR	FLEMING, GEORGE	5812 NW 16 ST.	LAUDERHILL FL	☐
T	JOHNSON, THELMA V.	1805 NW 16TH ST.	FT. LAUDERDALE FL	☐
				☐

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

CR2E037 (9/99)

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

Daytime Phone #

2/20/00

7394663