

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90044 009 ****61.25

DOCUMENT # 736723

1. Entity Name

**SAINT LUKE BAPTIST CHURCH IN FORT LAUDERDALE, IN
CORPORATED**



Principal Place of Business

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

Mailing Address

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED

2-23-03 984 739-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

0031917