

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **740232**

1. Entity Name

CHURCH OF THE INTERCESSION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90282 012 ****70.00

Principal Place of Business

Mailing Address

501 NORTHWEST 17TH STREET
FORT LAUDERDALE FL 33311

501 NORTHWEST 17TH STREET
FORT LAUDERDALE FL 33311-5565

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

59-1458859

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

DENNIS, GLADYS H
1010 S OCEAN BLVD
#1116
POMPANO BEACH FL 33062

Name
Rowena Green
Street Address (P.O. Box Number is Not Acceptable)
6500 NW 26 ST.
SUNRISE
City
FL Zip Code
33313

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

Rowena Green **ROWENA GREEN** ^{P.D.} **Sr. WARDEN** **4/25/00**
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	T	☐ Delete
NAME	SAVARESE, CAROL	
STREET ADDRESS	4571 NW 67 PL	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	☐ Delete
NAME	GREEN, ROWENA	
STREET ADDRESS	6500 NW 26 ST	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	☐ Delete
NAME	WILLIAMS, MARY	
STREET ADDRESS	3301 NW 15TH PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☒ Delete
NAME	CRAWFORD, JEREMY	
STREET ADDRESS	3230 VENICE WAY	
CITY-ST-ZIP	MIRAMAR FL 33-3025	
TITLE	PD	☒ Delete
NAME	DENNIS, GLADYS H	
STREET ADDRESS	1010 S OCEAN BLVD, #1116	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	☐ Delete
NAME	BLAKE, ROSE	
STREET ADDRESS	6118 GARFIELD ST., #B	
CITY-ST-ZIP	HOLLYWOOD FL 33024	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	ROLAND JOSEPH	
STREET ADDRESS	25 PLEASANT HILL LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)