

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90043 005 ****61.25

DOCUMENT # 747094

1. Entity Name

HOLY BIBLE CHURCH OF CHRIST, INC.

Principal Place of Business

2200 NW 24TH ST
 FT LAUDERDALE FL 33311

Mailing Address

2200 NW 24TH ST
 FT LAUDERDALE FL 33311

2. Principal Place of Business

2200 NW 24 ST
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL
 Zip 33311 Country Broward

City & State

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

ALLEN, W. GEORGE, ESQ.
 ONE RIVER PLAZA STE 701
 FT LAUDERDALE FL 33301

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.

SIGNATURE

Mary Austin President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-02

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

TITLE **PD** ☐ Delete
 NAME **AUSTIN, MARY**
 STREET ADDRESS **3391 N.W. 7TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **SD** ☐ Delete
 NAME **MCLEOD, WILLIE EVA**
 STREET ADDRESS **2222 SW 5TH STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD** ☐ Delete
 NAME **BLACKSHEARE QUEEN ESTHER**
 STREET ADDRESS **1432 NE 27TH ST**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Mary Austin

2-14-02 954-5840885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (9/01)