

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

02-28-2003 90169 008 \*\*\*\*61.00

FILED 748875

DOCUMENT # 748875

1. Entity Name

COMMUNITY CHURCH OF GOD IN CHRIST, INC.



03 MAR 10 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10029393



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1101 NW 29TH TERR  
FT LAUDERDALE FL 33311

Mailing Address

1101 NW 29TH TERR  
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 65-0097652

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

GARTER, EDDIE D

3240 NW 4TH ST  
FT LAUDERDALE FL 33311

Benjamin Broomfield

504 SW Phippen Rd #1  
Dania, Florida  
33004

Name

Benjamin Broomfield

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

504 SW Phippen Rd. #1  
Dania, Florida

City

33004

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

*Benjamin Broomfield*

Signature, type 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARRIE M. HAWTHORNE	
STREET ADDRESS	1101 NW 29TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAWTHORNE, SHELTON	
STREET ADDRESS	1101 N.W. 29TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, DORA	
STREET ADDRESS	4428 NW 3 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ODOMES, KATHERYN	
STREET ADDRESS	2322 NW 13 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, EARL	
STREET ADDRESS	1101 NW 29 TERR	
CITY-ST-ZIP	FT LAUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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NAME		
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:

*Benjamin Broomfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-03

Date

Daytime Phone #

CR2E037 (10/02)