

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757517

1. Entity Name

FLORIDA BIBLE CHURCH, INC. (Non-Profit Organization)

Principal Place of Business

9300 PEMBROKE ROAD
MIRAMAR FL 33025-8699

Mailing Address

9300 PEMBROKE ROAD
MIRAMAR FL 33025-1640

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

59-2123852

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

GIBBS, DAVID C III
5666 SEMINOLE BOULEVARD, SUITE TWO
SEMINOLE FL 33772

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

DAVID GIBBS III

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/00

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 D ☒ Delete
NAME CARDONNE, ROBERT
STREET ADDRESS 1538 ISLAND WAY
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D. ☐ Change ☒ Addition
NAME WILLIAMS, SAM
STREET ADDRESS 4734 NW 192 ST.
CITY-ST-ZIP MIAMI, FL 33055

TITLE P ☐ Delete
NAME TOKAR, PETER
STREET ADDRESS 1923 NW 171 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE D. ☐ Change ☒ Addition
NAME PEDRE KEITH
STREET ADDRESS 6302 SW 32 ST.
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE D ☐ Delete
NAME HAMBLIN, ROBERT
STREET ADDRESS 12393 SW 5TH COURT
CITY-ST-ZIP COOPER CITY FL

TITLE D. ☐ Change ☒ Addition
NAME CLARKE, PETE
STREET ADDRESS 872 SW 173 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D ☐ Delete
NAME LOM-AJAN, VICENTE
STREET ADDRESS 8470 NW 14TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE D ☐ Delete
NAME LOFORTE, FRANK
STREET ADDRESS 20125 NW62 CT
CITY-ST-ZIP MIAMI FL 33055

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

TITLE D ☒ Delete
NAME HILL, BILLY G
STREET ADDRESS 2010 NW 86 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33024

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:

PETER TOKAR, SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/00 954-431-6776

CR2E037 (9/99)