

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90016 030 ****61.25

0033901

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 33025-8699**

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

1/22/01

**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 **WILLIAMS, SAM**
 STREET ADDRESS **4734 NW 192 ST**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☐ Change ☒ Addition
 NAME **Cardonne, Robert**
 STREET ADDRESS **1538 ISLAND WAY**
 CITY-ST-ZIP **FT LAUDERDALE, FL**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **CLARKE, PETE**
 STREET ADDRESS **878 SW 173 AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **HILL, BILLY**
 STREET ADDRESS **2010 NW 86 AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **DIXON, DESMOND**
 STREET ADDRESS **20503 NW 15 Avenue**
 CITY-ST-ZIP **MIAMI, FL 33169**

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 **PESCE, KEITH**
 STREET ADDRESS **6302 SW 32 ST**
 CITY-ST-ZIP **MIRAMAR FL 33023**

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)(l), 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

PETER TOKAR, JR 1/22/01 954-431-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)