

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91462 033 ****61.25

DOCUMENT # 757517

1. Entity Name

FLORIDA BIBLE CHURCH, INC.



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

4. FEI Number **59-2123852**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DAVID C GIBBS III

4/17/03

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
Florida 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 **Dixon, Desmond**
STREET ADDRESS **20503 NW 15 Avenue**
CITY-ST-ZIP **Miami, FL 33169**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Jette, Ronald**
STREET ADDRESS **16873 SW 6 Street**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE **D** ☐ Delete
NAME **ROARK, CLINTON**
STREET ADDRESS **11000 SW 10 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☐ Change ☒ Addition
NAME **Davis, Thomas**
STREET ADDRESS **5390 Plantation Road**
CITY-ST-ZIP **Plantation, FL 33317**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Kushi, Harold**
STREET ADDRESS **7922 W 14 Avenue**
CITY-ST-ZIP **Hialeah, FL 33014**

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

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)(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: **Rev. S. Peter Tokar**

REQUIRED Pete Tokar

4/17/03

CR2E037 (10/02)