

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90034 025 \*\*\*\*61.25

**DOCUMENT # 761117**

1. Entity Name  
**FOLLOWERS OF JESUS CHURCH FIND ON THE ROCK, INC.**



Principal Place of Business  
**643 N.W. 22ND ROAD  
FT. LAUDERDALE FL 33311**

Mailing Address  
**2321 NW 11 COURT  
POMPANO BEACH FL 33069**

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 **APPLIED FOR**

**02-0645782**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNEED, CHARLES  
2321 N.W. 11 COURT  
POMPANO BEACH FL 33069**

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

*Charles Sneed*

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	PD	<input type="checkbox"/> Delete
NAME	SNEED, CHARLES	
STREET ADDRESS	2321 N.W. 11 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SMITH, CORINE	
STREET ADDRESS	3333 W ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REED, MAXINE	
STREET ADDRESS	2321 N.W. 11 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MELVYN	
STREET ADDRESS	440 S W 30TH TERR	
CITY-ST-ZIP	FT LAUD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADISON, ANN	
STREET ADDRESS	2550 N W 13TH ST	
CITY-ST-ZIP	FT LAUD, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SNEED, VERDELL	
STREET ADDRESS	2221 N W 10TH CT	
CITY-ST-ZIP	POMPANO BCh, FL 00000	

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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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: *Charles Sneed* UBR REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03 - 954-9783558**  
Date Daytime Phone #

CR2E037 (10/02)