2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 767618** Mar 04, 2000 8:00 am 1. Entity Name Secretary of State UNITED SPIRITUAL CHURCH OF CHRIST UPON THE ROCK. 03-04-2000 90086 050 ****61.25 Principal Place of Business Mailing Address UNITED SPIRITUAL CHURCH OF CHRIST 181 VERMONT AVNEUE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33912 160010 2. Principal Place of Business 3. Mailing Address nted & pritual Church Suite, Apl. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For -City & State 4. FEI Number 65-0080509 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required goward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ame Street Address (P.O. Box Number is Not Acceptable) **BISHOP JOHN SNELL** 181 VERMONT AVENUE FT. LAUDERDALE FL 33312 Zip Code City 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. FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition PD TITLE TITLE ☐ Delete NAME SNELL, BISHOP JOHN NAME STREET ADDRESS **181 VERMONT AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL ☐ Addition ☐ Change SD ☐ Delete TITLE TITLE NAME SNELL, LOUISE NAME STREET ADDRESS STREET ADDRESS 3008 NW 7TH CT CITY-ST-ZIP CITY-ST-ZIF FT. LAUDERDALE FL Addition Delete TITLE Change TITLE TD NAME NAME Hurst, Lesia STREET ADDRESS STREET ADDRESS 2626 NW 6TH CT CITY-ST-ZIP CITY-ST-ZIP ft. Lauderdale fi ☐ Addition Change ☐ Delete TITLE DAVIS: CYNTHIA-NAME NAME: STREET ADDRESS STREET ADDRESS 1770 NW 7TH CT CITY-ST-ZIP CITY-ST-ZIP ft. Lauderdale fl Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Trigate by the 19th can ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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