

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90935 039 \*\*\*\*61.25

**DOCUMENT # 767618**

1. Entity Name

**UNITED SPIRITUAL CHURCH OF CHRIST UPON THE ROCK, INC.**

Principal Place of Business

Mailing Address

**UNITED SPIRITUAL CHURCH OF CHRIST  
 FT. LAUDERDALE FL 33312  
 US**

**181 VERMONT AVENUE  
 FT. LAUDERDALE FL 33912  
 US**

2. Principal Place of Business

3. Mailing Address

*Same*

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Same*

*Same*

Zip

Country

Zip

Country

*Same*

*Same*

*Same*

*Same*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP JOHN SNELL  
 181 VERMONT AVENUE  
 FT. LAUDERDALE FL 33312**

Name

*Same*

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

*Bishop John Snell*

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

(NOTE: Registered Agent signature required when reinstating)

*3/25/02*

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **SNELL, BISHOP JOHN**  
 STREET ADDRESS **181 VERMONT AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL**

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

TITLE **SD** ☐ Delete  
 NAME **SNELL, LOUISE**  
 STREET ADDRESS **3008 NW 7TH CT**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **TD** ☐ Delete  
 NAME **HURST, LESIA**  
 STREET ADDRESS **2626 NW 6TH CT**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **D** ☐ Delete  
 NAME **DAVIS, CYNTHIA**  
 STREET ADDRESS **1770 NW 7TH CT**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Bishop John Snell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/02*

DATE

*(954) 777-0156*

DAYTIME PHONE #

CR2E037 (9/01)

0097109