

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90650 049 ****61.25

DOCUMENT # 768360

1. Entity Name

THE CHURCH OF GOD IN CHRIST OF POMPANO BEACH, IN C.

Principal Place of Business

Mailing Address

**THE CHURCH OF GOD IN CHRIST
 1210 N.W. 27TH AVE.
 POMPANO BCH. FL 33060
 US**

**1856 NORTH WEST 6TH AVE.
 POMPANO BEACH FL 33060**

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

NOT APPLICABLE

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

**ROLLE, JAMES
 1856 NW 6TH AVE.
 POMPANO BEACH FL 33060**

Name **Rolle, Grace L**

Street Address (P.O. Box Number is Not Acceptable)
1856 NW 6TH AVE

City **Pompano Bch**

FL

Zip Code

33060

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

Grace Rolle

President

Apr 12 4, 2002

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	MD ROLLE, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	201 NW 32ND COURT, #203	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE NAME	VD ROLLE, GRACE L.	<input type="checkbox"/> Delete
STREET ADDRESS	1856 NW 6TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE NAME	SD HINDS, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2530 NW 11TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE NAME	TD ROLLE, LORI	<input type="checkbox"/> Delete
STREET ADDRESS	1856 N.W. 6 AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE NAME	VSD COTTRELL, CHANDRA	<input type="checkbox"/> Delete
STREET ADDRESS	520 NE 38TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Grace Rolle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)