

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90052 032 \*\*\*\*61.25

**DOCUMENT # N00000000355**

1. Entity Name

**ST. PHILIP'S EPISCOPAL CHURCH OF POMPANO BEACH,**

Principal Place of Business

**465 N.W. 15TH STREET  
 POMPANO BEACH FL 33060**

Mailing Address

**465 N.W. 15TH STREET  
 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

**65 - 0990212**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMAS, SAMUEL REV.  
 4908 NORTHWEST 44TH AVENUE  
 TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name: **CHIWESHE, LOVEMORE REV**  
 Street Address (P.O. Box Number is Not Acceptable): **3252 N.W. 84th Avenue Apt. 505 E**  
 City: **SUNRISE, FL** Zip Code: **33351**

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 **REV. LOVEMORE CHIWESHE**

**2/12/01**  
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

**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	PD THOMAS, SAMUEL REV.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4908 N.W. 44TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE NAME	D MCCULLOUGH, MATTYE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1691 NW 2ND TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	D MCNEIL, WM. HENRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	823 N.W. 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	SD MCDUGAL, CAROLYN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	632 N.W. 21ST COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	TD WILLIAMS, ERNESTINE	<input type="checkbox"/> Delete
STREET ADDRESS	173 NW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	D ARMBRISTER, ALONZA	<input type="checkbox"/> Delete
STREET ADDRESS	1500 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE NAME	PD CHIWESHE, LOVEMORE REV.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3252 N.W. 84th AVENUE Apt#505 E	
CITY-ST-ZIP	SUNRISE, FLA. 33351	
TITLE NAME	D WALLACE, SYLVIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2046 N.W. 42nd Terr.	
CITY-ST-ZIP	LAUDERHILL, FLA. 33313	
TITLE NAME	D NATHANIEL ROBINSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	216 N.W. 15th PLACE	
CITY-ST-ZIP	POMPANO BEACH, FLA. 33060	
TITLE NAME	SD ROSANNA QUANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2910 N.W. 24th Avenue	
CITY-ST-ZIP	OAKLAND PARK, FLA. 33311-1408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **RE. LOVEMORE CHIWESHE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/01**

Date

Daytime Phone #

CP2E037 (10/00)