

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90127 004 ****61.25

DOCUMENT # N00000000355

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIWESHE, LOVEMORE REV
3252 NW 84TH AVENUE APT 506
SUNRISE FL 33351

14222 N.W. 18th Place
 Pembroke Pines, Fla.
 33028

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.

SIGNATURE

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	PD	<input type="checkbox"/> Delete
NAME	CHIWESHE, LOVEMORE REV	
STREET ADDRESS	3252 NW 84TH AVENUE APT 506 E	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, SLYVIA	
STREET ADDRESS	2046 NW 42ND TERRACE	
CITY-ST-ZIP	LAUDERHILL FL-33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, NATHANIEL	
STREET ADDRESS	216 NW 15TH PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUANN, ROSANNA	
STREET ADDRESS	2910 NW 24TH AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33311-1408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ERNESTINE	
STREET ADDRESS	173 NW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMBRISTER, ALONZA	
STREET ADDRESS	1500 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14222 N.W. 18th Place	
CITY-ST-ZIP	Pembroke Pines, Fla. 33028	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: *Rosanna Quann* SECRETARY *1-15-02 954-793-3012*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)