

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003181

1. Entity Name

PASTORS GUILD OF AMERICA INC.

Principal Place of Business

6060 SW 7TH STREET  
MARGATE FL 33068

Mailing Address

6060 SW 7TH STREET  
MARGATE FL 33068

2. Principal Place of Business

6060 SW 7 ST

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

Zip

Country

33068

USA

Country

Country

4. FEI Number

65-1008434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANT, DENNIS D  
273 NW 80TH TERRACE  
MARGATE FL 33063

7. Name and Address of New Registered Agent

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

DENNIS D. GRANT - PRESIDENT - 4-16-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, DENNIS D 273 NW 80TH TERRACE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANT, YVONNE P.O. BOX 770263 CORAL SPRINGS FL 33077	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, ALBERT 2610 NW 119TH STREET MIAMI FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, MERVYN P.O. BOX 100413 FT. LAUDERDALE FL 33310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALRYMPLE, LAWRENCE 6060 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, NICKY 3011 LUCERINE WAY MIRAMAR FL 33024	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS D. GRANT

Date

Daytime Phone #

4-16-01 950 968-7335

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90131 011 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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