

4/8/0

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

04-08-2002 90220 040 ****61.25

DOCUMENT # N00000004766

1. Entity Name

ST. JOHN OF THE CROSS CHURCH, INC.

Principal Place of Business

Mailing Address

10914 NW 8TH COURT
PLANTATION FL 3332410914 NW 8TH COURT
PLANTATION FL 33324

2. Principal Place of Business

4825 Washington St
Suite, Apt. #, etc.

3. Mailing Address

same as #2
Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip
33021Country
USA

Zip

Country

4. FEI Number

59-3662038

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000**

7. Name and Address of New Registered Agent

Name: Beverly I. Feldman CPA
Street Address (P.O. Box Number is Not Acceptable): 3325 University Drive South #211
City: Davie FL Zip Code: 33328

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

4-25-02

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**☐ DeleteTITLE: DPP
NAME: ALEXANDER, SEAN REV.FR.
STREET ADDRESS: 10914 NW 8TH CT
CITY-ST-ZIP: PLANTATION FL 33324☐ DeleteTITLE: DT
NAME: FELDMAN, BEVERLY I
STREET ADDRESS: 3825 UNIVERSITY DRIVE S #211
CITY-ST-ZIP: DAVIE FL 33328-2020☐ DeleteTITLE: SD
NAME: CAY, PHIL W
STREET ADDRESS: 2078 CASSAT AVENUE
CITY-ST-ZIP: JACKSONVILLE FL 32210☐ DeleteTITLE: [blank]
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]☐ DeleteTITLE: [blank]
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]☐ DeleteTITLE: [blank]
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**☒ Change ☐ AdditionTITLE: [blank]
NAME: [blank]
STREET ADDRESS: 4825 Washington St
CITY-ST-ZIP: Hollywood, FL 33021☐ Change ☐ AdditionTITLE: [blank]
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]☒ Change ☐ AdditionTITLE: [blank]
NAME: [blank]
STREET ADDRESS: Route 4 Box 659 E
CITY-ST-ZIP: Starke, FL 32091☐ Change ☒ AdditionTITLE: Director
NAME: Rev. Fr. Michael W. Rivest
STREET ADDRESS: 1606 Briar Lake Circle
CITY-ST-ZIP: Winston-Salem, NC 27103☐ Change ☐ AdditionTITLE: [blank]
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]☐ Change ☐ AdditionTITLE: [blank]
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]

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 another like empowered.

SIGNATURE:

F. S. [Signature] President

3/29/02

(954)554-3482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)