

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90157 037 \*\*\*\*80.00

0036673

**DOCUMENT # N00000006877**

1. Entity Name

**NATURAL BROTHERS AND SISTERS IN THE CHRIST INC.**

Principal Place of Business

Mailing Address

1210 NW 27TH AVE  
POMPAÑO BEACH FL 330691210 NW 27TH AVE  
POMPAÑO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

Pompano Bch, Florida

33060

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

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, DENNIS J  
1856 NW 6TH AVE  
POMPAÑO BEACH FL 33060

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	ROLLE, DENNIS J	1856 NW 6TH AVE POMPAÑO BEACH FL 33060	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ROLLE, SHELLEY	1856 NW 6TH AVE POMPAÑO BEACH FL 33060	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ROLLE, JAMES	1856 NW 6TH AVE POMPAÑO BEACH FL 33060	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Dennis J. Rolle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-943-2603

CR2E037 (10/00)