2009 UNIFORM BUSINESS REPORT (UBR)

0028834

DOCUMENT # N01000005572

1. Entity Name

PATMOS ALLIANCE CHURCH, INC. OF FORT LAUDERDALE

FILED

09 JUN -4 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3901 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309	3901 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
Patmos Alliance Church	1441 NW 29 Ave
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33311 Country: U.S Broward	Zip: 33311 Country: U.S

4. FEI Number 65-0710083 ☐ 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
~~DUSBY, ALBERTO F.~~ ~~706 S.W. 23RD AVENUE~~ ~~BOYNTON BEACH FL 33435~~	Name: Tales Charles Street Address (P.O. Box Number is Not Acceptable): 1441 NW 29th Ave City: Fort Lauderdale FL Zip Code: 33311

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: Tales Charles
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	PD CHARLES, TALES 60 N.W. 37TH STREET FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200155898702 05/13/09--01034--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEONCE, JOSEPH 3901 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCIEN, DAGOBERT 3901 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200155898702 06/08/09--01003--028 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCON, ILBOIME 3901 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Tales Charles 5-08-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR