

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90275 049 \*\*\*\*61.25

**DOCUMENT # N02000002223**

1. Entity Name

**EMBASSY WORSHIP CENTER INTERNATIONAL, INCORPORATED**



Principal Place of Business

**2701 W. OAKLAND PARK BLVD., SUITE 320  
OAKLAND PARK FL 33311**

Mailing Address

**2701 W. OAKLAND PARK BLVD., SUITE 320  
OAKLAND PARK FL 33311**

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

**04-3681275**

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

**TURNER, SHEKA D  
2601 E. OAKLAND PARK BLVD., SUITE 501  
FT. LAUDERDALE FL 33306**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P TRIMM, N. CINDY**  
STREET ADDRESS **2701 W. OAKLAND PARK BLVD., SUITE 320**  
CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE ☐ Change ☒ Addition  
NAME **D Cobbs, Ernest**  
STREET ADDRESS **3362 NW 151st Terr**  
CITY-ST-ZIP **Opa-Locka, FL 33054**

TITLE ☐ Delete  
NAME **T LEAKEY, DEBBIE**  
STREET ADDRESS **2701 W. OAKLAND PARK BLVD., SUITE 320**  
CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE ☒ Change ☐ Addition  
NAME **Leakey, Debbie**  
STREET ADDRESS **28 Railway Trail**  
CITY-ST-ZIP **Devonshire, DV05 Bermuda**

TITLE ☐ Delete  
NAME **S DUNCOMBE, WENDY**  
STREET ADDRESS **2701 W. OAKLAND PARK BLVD., SUITE 320**  
CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE ☐ Change ☒ Addition  
NAME **D Clyde Judson**  
STREET ADDRESS **1451 S. Miami Ave., #D**  
CITY-ST-ZIP **Miami, FL 33130**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Hanna, Harlington**  
STREET ADDRESS **2251 N. Federal HWY**  
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Watson, Bernadette**  
STREET ADDRESS **5251 Kim Ct.**  
CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Marcelle, Larry**  
STREET ADDRESS **1327 NW 87th Terrace**  
CITY-ST-ZIP **Coral Springs, FL 33071**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**SIGNATURE: [Signature]**

**4/21/03 954 667-6333**

CR2E037 (10/02)