

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12634

1. Entity Name

WEST BROWARD ALLIANCE CHURCH, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90191 002 ****61.25

Principal Place of Business

Mailing Address

4986 N. PINE ISLAND ROAD
LAUDERHILL FL 33351

4986 N. PINE ISLAND ROAD
LAUDERHILL FL 33351-5314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1962781

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DECARMO, BRIAN
7508 NW 44 CT
CORAL SPRINGS FL 33065

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 DT ☐ Delete
NAME PITCAIRN, NAT
STREET ADDRESS 5781 SW COURT
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME MCGARVEY, JAMES P.
STREET ADDRESS 3807 NW 95 WAY
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DECARMO, BRIAN
STREET ADDRESS 7508 NW 44 CT
CITY-ST-ZIP CORAL SPGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME MATHEW, JOHN
STREET ADDRESS 2811 SW 13 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33315

TITLE DS ☒ Change ☐ Addition
NAME JOHN, MATHEW
STREET ADDRESS 1116 SW 112 WAY
CITY-ST-ZIP FT LAUDERDALE FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mathew John
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mathew John

3.28.00
March 28, 2000
954-724-3802
Date Daytime Phone #

CR2E037 (9/99)