

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

FILED
Jun 04, 2003 8:00 am
Secretary of State

04-28-2003 90464 012 ****61.25

DOCUMENT # N12634



1. Entity Name
WEST BROWARD ALLIANCE CHURCH, INC.

Principal Place of Business
**4986 N. PINE ISLAND ROAD
LAUDERHILL FL 33351**

Mailing Address
**4986 N. PINE ISLAND ROAD
LAUDERHILL FL 33351**

55046162



☐ CHECK HERE IF MAKING CHANGES

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

**JOHN, MATHEW K
1116 SW 112 WAY
FORT LAUDERDALE FL 33325**

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

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

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

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

TITLE **DS** ☐ Delete
NAME **JOHN, MATHEW K**
STREET ADDRESS **1116 SW 112 WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DC** ☒ Change ☒ Addition
NAME **BROWN, GREGORY A**
STREET ADDRESS **1446 E SW 25th AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **CDT** ☒ Change ☐ Addition
NAME **DECARMO, BRIAN**
STREET ADDRESS **7508 NW 44 CT**
CITY-ST-ZIP **CORAL SPRINGS, FL**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

754-587-4025

Daytime Phone #

6-1-03

754-979-7911

CR2E037 (10/02)