

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90049 009 ****61.25

DOCUMENT # N19749

1. Entity Name

WEST LAUDERDALE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

C/O JAMES A. COX
 3601 DAVIE BLVD
 FT. LAUDERDALE FL 33312
 US

3601 DAVIE BLVD
 FT. LAUDERDALE FL 33312-3439
 US

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

59-1035669

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

COOK, JAMES A
3601 DAVIE BLVD
FT LAUDERDALE FL 33301

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	TR	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, MARY	
STREET ADDRESS	3601 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ABRAHAMS, JAN	
STREET ADDRESS	3601 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ALBAN, GUS	
STREET ADDRESS	3601 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BROWN, GRACE A	
STREET ADDRESS	3601 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	TR	<input type="checkbox"/> Delete
NAME	DALEY, MICHAEL	
STREET ADDRESS	3601 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WILLIAMS, CLEMENT	
STREET ADDRESS	3601 DAVID BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	

TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, CHRISTOPHER G.		
STREET ADDRESS	3601 DAVIE BLVD		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

954-791-8210

Daytime Phone #

CR2E037 (9/99)