

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90022 039 ****61.25

0034833

DOCUMENT # N28761

1. Entity Name

GOLD COAST CHRISTIAN CATHEDRAL, INC.

Principal Place of Business

Mailing Address

%S. HOWARD REED
399 W PALMETTO RD #206
BOCA RATON FL 33432
US%S. HOWARD REED
399 W PALMETTO PARK RD #206
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

S. HOWARD REED

3. Mailing Address

S. HOWARD REED

Suite, Apt. #, etc.

200, 2424 N Federal Hwy

Suite, Apt. #, etc.

200, 2424 N Federal Hwy

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Zip

33431

Country

4. FEI Number

65-0077708

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

REED, S. HOWARD
399 W PALMETTO PARK RD
SUITE 206
BOCA RATON FL 33432

Name

REED, S. HOWARD

Street Address (P.O. Box Number is Not Acceptable)

2424 N Federal Hwy, #200

City

Boca Raton**FL**Zip Code
33431

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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	CROFT, JAMES	
STREET ADDRESS	8942 SONOMA LAKE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROFT, PRUDENCE	
STREET ADDRESS	8942 SONOMA LAKE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT BYERS	
STREET ADDRESS	4121 NE 17TH TERR	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Prudence Croft* / *Prudence Croft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

561-852-2155

Daytime Phone #

CR2E037 (9/01)