2002 UNIFORM BUSINESS REPORT (UBR)

Mar 18, 2002 8:00 am § Secretary of State **DOCUMENT # N29680** 1. Entity Name 03-18-2002 90069 005 ****61.25 THE CHURCH IN FORT LAUDERDALE, INC. Principal Place of Business Mailing Address 2 CASTON WAY 4983 COVEY TRAIL **BOYNTON BEACH FL 33426** BOCA RATON FL 33487 3. Mailing Address 2. Principal Place of Business 5446 RIVERMILL LANE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For NOT APPLICABLE AKE WORTH Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired us Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUILBREEZ, RADAME Street Address (P.O. Box Number is Not Acceptable) **GUTIERREZ. RADAME 2 CASTON WAY** 5446 RIVERAUL LANE **BOYNTON BEACH FL 33426** LAKE WORTH 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CD (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition OGAMDI, SIMON NAME NAME E037 STREET ADDRESS 4983 COVEY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition TITLE ☐ Delete TITLE **GUERRERO, ERNESTO** NAME NAME 21453 SUMMERTRACE CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete Change Addition_ TITLE TITLE GUTTERREZ-RADAME GUTIERREZ, RADAME NAME NAME 5446 RWERMIN LANE 2 CASTON WAY STREET ADDRESS STREET ADDRESS AKE WORTH PL 33463 CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete POCKHAI, MICHAEL POCKHAI, MICHEAL NAME NAME 35 NW 69th MANOK 3962 WESTCHESTER WAY STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Research Signature and typed on Printed Name of Storage Officer on Director 2/24/02 56/-704-8332

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.