

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30900

1. Entity Name

SHERBROOKE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

%HENRY P. RUFFOLO
8657 LANTANA ROAD
LAKE WORTH FL 33467

C/O SHER BROOKE BAPTIST CHURCH
8657 LANTANA ROAD
LAKE WORTH FL 33467-6262
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

65-0134617

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

RICHARDSON, NORMAN
7601 CANAL DRIVE
LAKE WORTH FL 33467

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

TITLE PD
NAME RICHARDSON, NORMAN
STREET ADDRESS 7601 CANAL DRIVE
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE TD
NAME TAMPAS, PATTY
STREET ADDRESS 7481 OVERLOOK DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE DV
NAME NOVELLO, ART
STREET ADDRESS 10809 ANDERSON LANE
CITY-ST-ZIP LAKE WORTH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DV
NAME Don Rice
STREET ADDRESS 6450 Rock Creek Dr.
CITY-ST-ZIP Lake Worth FL 33467 ☐ Change ☒ Addition

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Tampa* SIGNATURE REQUIRED

Jan 11, 00 561-964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #