

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31962

1. Entity Name

COMMUNITY WORSHIP CENTER, INC.

Principal Place of Business

7500 NW 14TH STREET
PLANTATION FL 33313
US

Mailing Address

7500 NW 14TH STREET
PLANTATION FL 33313
US

2. Principal Place of Business

6230 NW 17 STREET

3. Mailing Address

6230 NW 17 STREET FL 33313

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

Zip

FL 33313

Country

Zip

Country

4. FEI Number

65-0120432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REID, BYRON
7500 NW 14TH STREET
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33313

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 REID, BYRON
STREET ADDRESS 7500 NW 14TH ST
CITY-ST-ZIP PLANTATION FL 33313 ☐ Delete

TITLE SD
NAME PURRIER, BENERLY
STREET ADDRESS 4510 NW 36 ST
CITY-ST-ZIP LAUDERDALE LAKES FL ☒ Delete

TITLE HYMAN, TAYLOR
NAME
STREET ADDRESS 7500 NW 14TH ST
CITY-ST-ZIP SUNRISE 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 SYLVIA J LINTON
NAME
STREET ADDRESS 1700 NW 58 TERR APT 2H
CITY-ST-ZIP SUNRISE FL 33313 ☒ Change ☐ Addition

TITLE DENNIS L MINTO
NAME
STREET ADDRESS 6531 SW 7 COURT
CITY-ST-ZIP NORTH LAUD FL 33068 ☒ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ByRON REID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90012 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)