

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39116

1. Entity Name

WEST BROWARD COUMMUNITY CHURCH, INC.

Principal Place of Business

17950 GRIFFIN ROAD  
FT LAUDERDALE FL 33331  
US

Mailing Address

17950 GRIFFIN ROAD  
FT LAUDERDALE FL 33331-1000  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANKHEET, JAMES K.  
5651 THORNBUFF AVENUE  
DAVIE FL 33331

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 PD ☐ Delete  
NAME LANKHEET, JAMES K.  
STREET ADDRESS 5651 THORNBUFF AVE.  
CITY-ST-ZIP DAVIE FL

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

TITLE VPD ☐ Delete  
NAME COLVIN, TOM  
STREET ADDRESS 2664 W ORCHARD CIR  
CITY-ST-ZIP DAVIE FL 33328

TITLE ☒ Change ☐ Addition  
NAME VPD  
STREET ADDRESS Joel Salmon  
CITY-ST-ZIP 861 Garnet Circle  
Weston, FL 33326

TITLE TD ☐ Delete  
NAME LONGO, KEN  
STREET ADDRESS 5680 THORNBUFF  
CITY-ST-ZIP DAVIE FL 33331

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

TITLE SD ☐ Delete  
NAME CORREA, SYLVIA  
STREET ADDRESS 6976 SW 148 LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James K. Lankheet

Date

7-11-00 954-434-7569

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90065 027 \*\*\*\*61.25