

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90052 017 \*\*\*\*61.25

**DOCUMENT # N39116**

1. Entity Name

**WEST BROWARD COUMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

17950 GRIFFIN ROAD  
FT LAUDERDALE FL 33331  
US

17950 GRIFFIN ROAD  
FT LAUDERDALE FL 33331  
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

**65-0003124**

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

**LANKHEET, JAMES K.**  
**5651 THORNBLUFF AVENUE**  
**DAVIE FL 33331**

Name

**Gary Schnupp**  
Street Address (P.O. Box Number is Not Acceptable)  
**17950 Griffin Rd.**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33331**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	<input checked="" type="checkbox"/> Delete
NAME	LANKHEET, JAMES K.	
STREET ADDRESS	5651 THORNBLUFF AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SALMON, JOEL	
STREET ADDRESS	861 GARNET CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONGO, KEN	
STREET ADDRESS	5680 THORNBLUFF	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORREA, SYLVIA	
STREET ADDRESS	6976 SW 148 LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
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		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Schnupp	
STREET ADDRESS	255 Jacaranda Dr.	
CITY-ST-ZIP	Plantation, FL. 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

**REQUIRED**

CR2E037 (4/02)