## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N41970 1. Entity Name

## THE CARPENTER'S WORKSHOP, WESTSIDE CHURCH OF THE

Principal Place of Business

Mailing Address

## FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90103 048 \*\*\*\*70.00

FLAMINGO ELEM. SCHOOL D1130 S.W. 133RD AVE. DAVIE FL 33025 US  2. Principal Place of Business FLAMINGO ELEM. SCHOOL		1076 NW 124TH TERRACE SUNRISE FL 33323 US  3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN			
Suite, Apt.	", etc. .W. 133 LQ AVE.	Suite, Apt. #, etc.		٠	DO NOT WHITE IN	I INIS SPACE		
City & Stat	e	City & State	•	4. FEI Numb	er on once	Ap	plied For	
DAVIG	FL				65-0205676		t Applicable	
3302	5 - Country USA	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Regis	tered Agent		
			Name	Name				
PORERTS	ын		Street A	ddress (P.O. Box Numb	er is Not Acceptable)			
ROBERTS, J.H. 10800 SW 57TH PLACE								
FORT LAUDERDALE FL 33328		·				1 = 0.4		
			City			FL Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or	registered agent, or bo	th, in the state of Florida.			
FILE NOW: 9. Election Campaign Financing				stre required when reinstating)		DATE		
	FEE IS \$61.25	Trust Fund Contribution	n. 📙	Added to Fees	Depart	tment of State		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTORS IN	10	
TITLE	Р	☐ Delete	TITLE	50	- /- 5	☐ Change	<b>Addition</b>	
NAME	Snyder, Larry G		NAME	ARLIS He	CMES LM CINCUE PINES PL	500774		
STREET ADDRESS	12930 S.W. 20TH ST.		STREET ADDRESS CITY-ST-ZIP	9461 PM	Part Pl	73220	i	
CITY-ST-ZIP	MIRAMAR FL		<del></del>	PETHOTORG	1-17063 10	☐ Change	☐ Addition	
TITLE	D DODEDTE INCEDIA	☐ Delete	TITLE NAME	•		L. Change	Audriidii	
NAME STREET ADDRESS	ROBERTS, JOSEPH 10800 SW 57TH PLACE		STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL.	and the second	CITY-ST-ZIP		يەسىدىرەسە م	ا يه ما حدادينين		
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	TARDIF, MICHAEL		NAME					
STREET ADDRESS	13241 SW 28 PLACE	<i>?</i> * .	STREET ADDRESS					
CITY-ST-ZIP	DAVIE FL 33030		CITY+ST-ZIP					
TITLE	SD	<b>⊠</b> Delete	TITLE			Change	☐ Addition	
NAME	WOODEN, JAN		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	6940 TYLER STREET		CITY-ST-ZIP					
· · · · · · · · · · · · · · · · · · ·	HOLLYWOOD FL 33024	D Balaia				☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			Orlange		
STREET ADDRESS			STREET ADDRESS		•			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
40	certify that the information supplied with	this filing does not availe, for the	auamatian ata	and in Continue 110 07/3)	(i) Elecide Statutes   fuet	har partiful that the in	formation	

remetay being triat the information supplied with this inling does not quality 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.

Daytime Phone #