

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44623

1. Entity Name

THE BELIEVER'S EXAMPLE CHRISTIAN CENTER, INC.

Principal Place of Business

5367 NOB HILL ROAD
SUNRISE FL 33351

Mailing Address

5367 NOB HILL ROAD
SUNRISE FL 33351-4751

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCCRAY, CHARISTOPHER H.
6780 NW 104TH LANE
PARKLAND FL 33076

7. Name and Address of New Registered Agent

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 MCCRAY, CHRISTOPHER
STREET ADDRESS 6780 NW 104TH LANE
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE VD
NAME MCCRAY, MILDRED
STREET ADDRESS 6780 NW 104TH LANE
CITY-ST-ZIP PARKLAND FL 33076 ☐ Delete

TITLE D
NAME THOMPSON, JENNIFER
STREET ADDRESS 92 PLEASANT HILL LANE
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE D
NAME THOMAS, CORA
STREET ADDRESS 2915 NW 56TH AVENUE #C-2
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete

TITLE D
NAME MUNOZ, DENISE
STREET ADDRESS 1460 NW 126TH AVENUE
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

TITLE D
NAME DANIELS, HOWARD
STREET ADDRESS 4632 NW 58TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME PILE, JOY
STREET ADDRESS 1802 N. UNIVERSITY #341
CITY-ST-ZIP PLANTATION, FL 33322 ☐ Change ☒ Addition

TITLE D
NAME JOHNSON, KIM
STREET ADDRESS 891 NW 213 TERRACE #207
CITY-ST-ZIP MIAMI, FL 33169 ☐ 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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Johnson 4/26/00 (954) 572-8171

Date

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90136 035 ****70.00



DO NOT WRITE IN THIS SPACE