

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90011 033 ****61.25

DOCUMENT # N48072

1. Entity Name

THE INDEPENDENT ORTHODOX CATHOLIC CHURCH INC.

Principal Place of Business

Mailing Address

330 SW 27 ST
FT. LAUDERDALE, FL. 33315 SAME

00068941

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

15-0401638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COFFEY, JANICE LEAH
330 SW 27 ST
FT. LAUDERDALE, FL. 33315

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

T. COFFEY, JANICE L. COFFEY

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME COFFEY, JANICE LEAH
STREET ADDRESS 330 SW 27 ST
CITY-ST-ZIP FT. LAUDERDALE, FL. 33315

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TS
NAME KELLY, KAREN
STREET ADDRESS 306 SW 2 ST STE 1
CITY-ST-ZIP POMPANO BEACH, FL. 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME CAMPANE, LEE
STREET ADDRESS 306 SW 2 ST STE 1
CITY-ST-ZIP POMPANO BEACH, FL. 33060

☐ Delete

TITLE
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CITY-ST-ZIP

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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:

T. COFFEY, JANICE L. COFFEY PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-2000 954-788-7645

Date

Daytime Phone #

CR2E037 (9/99)