2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N9300000825 Jul 17, 2000 8:00 am Secretary of State PEMBROKE PARK CHURCH OF CHRIST, BROWARD COUNTY. 07-17-2000 90004 050 ****70.00 Principal Place of Business Mailing Address 3707 S.W. 56 AVE. 3707 S.W. 56 AVE. PEMBROKE PARK FL 33023 PEMBROKE PARK FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0394118 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIVEY, PRENTISS C 1711 NW 195 ST Street Address (P.O. Box Number is Not Acceptable) SPIVEY, PRENTISS C 1711 N.W. 195TH STREET MIAMI FL 33056 MIAMI FL 33056 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 Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Change ☐ Addition NAME FINCH, ROY NAME STREET ADDRESS STREET ADDRESS 17201 N.W. 41ST AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33055** ☐ Change TITLE ☐ Delete ☐ Addition TITLE WILLIAMS, HERBERT NAME NAME STREET ADDRESS STREFT ADDRESS 2940 N.W. 174TH ST. CITY-ST-ZIP, CITY_ST-ZIP _ MIAMI-FL-33056 ---SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition **AUSTIN, SAMUEL** NAME NAME STREET ADDRESS STREET ADDRESS 17921 N.W. 43RD AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33055** TD ☐ Delete TITLE Change ☐ Addition NAME BARNARD, LARRY NAME STREET ADDRESS STREET ADDRESS 1215 KASIM ST. CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TITI F ☐ Delete TITI F Change Addition NAME SPIVEY, PRENTISS C NAME STREET ADDRESS STREET ADDRESS 1711 NW 195TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.