

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000825

1. Entity Name

PEMBROKE PARK CHURCH OF CHRIST, BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

3707 S.W. 56 AVE.
PEMBROKE PARK FL 33023
US

3707 S.W. 56 AVE.
PEMBROKE PARK FL 33023
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

65-0394118

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

SPIVEY, PRENTISS C
1711 NW 195 ST
MIAMI FL 33056

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FINCH, ROY
STREET ADDRESS 17201 N.W. 41ST AVE.
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WILLIAMS, HERBERT
STREET ADDRESS 2940 N.W. 174TH ST.
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME AUSTIN, SAMUEL
STREET ADDRESS 17921 N.W. 43RD AVE.
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BARNARD, LARRY
STREET ADDRESS 1215 KASIM ST.
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SPIVEY, PRENTISS C
STREET ADDRESS 1711 NW 195TH ST.
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

Larry D. Barnard

3-26-02

305 469 4547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017127

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE