## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## FILED Feb 19, 2000 8:00 am Secretary of State DOCUMENT # N93000005453 1. Entity Name CORNERSTONE BAPTIST CHURCH OF BROWARD COUNTY, IN 02-19-2000 90006 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 3301 RIVERSIDE DRIVE 3301 RIVERSIDE DRIVE CORAL SPRINGS FL 33065-5507 CORAL SPRINGS FL 33065 $\Lambda$ U U W U I U U3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0452446 Not Applicable Zìp Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent S'reet Address (P.O. Box Number is Not Acceptable) SCHMIDT, JOHN 3301 RIVERSIDE DR **CORAL SPRINGS FL 33065** 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. JOHN SCHMLOT SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 toward Consult ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TR Addition TITLE TITLE GELATT DAN 3301 RIVERSIDE DR. NAME NAME MURPHY, BRIAN STREET ADDRESS STREET ADDRESS 3981 NW 81ST TERR CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-718 CORAL SPRINGS FL 33065 CARL J. BAILEY 330 | RIVERSIDE DA. Change TITLE TITLE TR MAKE NAME TAYLOR, GWIN COLAR SPRINGS, EL33065 STREET ADDRESS STREET ADDRESS 650 SW 55TH AVE CITY-ST-7IP CITY-ST-ZIP MARGATE FL 33068 ☐ Change TR Delete TITLE SCHMIOT, JOHN 3301 RIVERSIDE DR. NELSON, DAVE NAME STREET ADORESS STREET ADDRESS 7749 HIGHLANDS CIRCLE CORAL SPRINGS, FL CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

MRETELHOESCHMIOT