

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005219

1. Entity Name

NEW RIVER BAPTIST CHURCH OF FORT LAUDERDALE, INC

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90175 028 ****61.25

Principal Place of Business

18500 GRIFFIN ROAD
 FT. LAUDERDALE FL 33332

Mailing Address

18500 GRIFFIN ROAD
 FT. LAUDERDALE FL 33332-1430

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

65-0527958

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

WEBB, RICHARD R
 5130 S.W. 186 AVE.
 FT. LAUDERDALE FL 33332

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 **D** ☐ Delete
 NAME **WEBB, RICHARD R**
 STREET ADDRESS **5130 S.W. 186 AVE.**
 CITY-ST-ZIP **FT LAUDERDALE FL 33332**

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

TITLE **D** ☐ Delete
 NAME **GILLETE, GWENDOLYN R.**
 STREET ADDRESS **12901 SW 52 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Sheldon Jim**
 CITY-ST-ZIP **11340 NW 37 PLACE**
SUNRISE, FL 33323

TITLE **D** ☐ Delete
 NAME **TURNER, CHARLES D**
 STREET ADDRESS **5811 S.W. 186 WAY**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

954-434-0625

CR2E037 (9/99)