FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 17, 2001 8:00 am § Secretary of State DOCUMENT # N9400005219 1. Entity Name 05-17-2001 91317 027 \*\*\*\*61.25 NEW RIVER BAPTIST CHURCH OF FORT LAUDERDALE, INC. Principal Place of Business Mailing Address 60000064 18500 GRIFFIN ROAD 18500 GRIFFIN ROAD FT. LAUDERDALE FL 33332 FT. LAUDERDALE FL 33332 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 65-0527958 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WEBB, RICHARD R 5130 S.W. 186 AVE. FT. LAUDERDALE FL 33332 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) TITLE ☐ Change ☐ Addition TITLE Delete NAME WEBB, RICHARD R NAME STREET ADDRESS STREET ADDRESS 5130 S.W. 186 AVE. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33332 Delete TITLE ☐ Change ☐ Addition TITLE SHELDON, JIM NAME NAME STREET ADDRESS 11340 NW 37 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33323 ☐ Change ■ Addition TITLE ☐ Delete TITLE TURNER, CHARLES D NAME NAME STREET ADDRESS STREET ADDRESS 5811 S.W. 186 WAY CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33332 Hewitt Arthur Change Addition 3745 W. Valley Green Drive Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DAVIE, FL 33328 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS 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. Picharo R. Webb 4/30/01 454-434-0625 SIGNATURE