

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90007 020 \*\*\*\*\*70.00

**DOCUMENT # N94000005483**

1. Entity Name

**CHICKEE BAPTIST CHURCH OF HOLLYWOOD, INC.**

Principal Place of Business

**2910 JOSIE BILLIE AVENUE  
 HOLLYWOOD FL 33024**

Mailing Address

**6700 RALEIGH ST  
 HOLLYWOOD FL 33024-2808  
 US**

2. Principal Place of Business

**2910 N. 64th Ave**

3. Mailing Address

**2910 N. 64th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hollywood FL**

City & State

**Hollywood FL**

4. FEI Number

**65-0548593**

Applied For

Not Applicable

Zip

**33024**

Country

**Broward**

Zip

**33024**

Country

**Broward**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAYNE, ARLEN  
 6700 RALEIGH STREET  
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

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

*Arden Payne*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/1/01**

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

TITLE ☐ Delete  
 NAME **PD PAYNE, ARLEN**  
 STREET ADDRESS **8700 RALIGH ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete  
 NAME **D MICCO, VINCENT**  
 STREET ADDRESS **6311 NW 34TH ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete  
 NAME **D BILLIE, SALLY**  
 STREET ADDRESS **3021 NW 63RD AVE**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete  
 NAME **D BAKER, JOBY Judy**  
 STREET ADDRESS **3003 HOWARD TOMMIE DR**  
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete  
 NAME **T MICCO, LORETTA**  
 STREET ADDRESS **63311 NW 34TH ST**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☒ Delete  
 NAME **S HARRIS, H P**  
 STREET ADDRESS **6580 ERIC CIRCLE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Secretary Kathryn Schaller**  
 STREET ADDRESS **7920 Canterbury Ln.**  
 CITY-ST-ZIP **Plantation, FL 33324**

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:

*Arden Payne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/01**

Date

**(954) 894-5657**

Daytime Phone #

CR2E037 (10/00)