

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90279 003 ****70.00

DOCUMENT # N94000005483

1. Entity Name

CHICKEE BAPTIST CHURCH OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

2910 N 64TH AVE
 HOLLYWOOD FL 33024

2910 N 64TH AVE
 HOLLYWOOD FL 33024
 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

65-0548593

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, ARLEN
6700 RALEIGH STREET
HOLLYWOOD FL 33024

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, ARLEN 8700 RALIGH ST. HOLLYWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICCO, VINCENT 6311 NW 34TH ST HOLLYWOOD FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLIE, SALLY 3021 NW 63RD AVE HOLLYWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JUDY 3003 HOWARD TOMMIE DR HOLLYWOOD FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICCO, LORETTA 63311 NW 34TH ST HOLLYWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHALLER, KATHRYN 7820 CANTERBURY LANE PLANTATION FL 33324	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D James Schaller #6 George St West Palm Beach, FL 33045	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)