

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90105 027 ***61.25

DOCUMENT # N94000005483

1. Entity Name
CHICKEE BAPTIST CHURCH OF HOLLYWOOD, INC.



Principal Place of Business
**2910 N 64TH AVE
HOLLYWOOD FL 33024**

Mailing Address
**2910 N 64TH AVE
HOLLYWOOD FL 33024
US**

11010474



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0548593**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☒ Delete
NAME **SCHALLER, JAMES**
STREET ADDRESS **#6 GEORGE ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33045**

TITLE ☐ Change ☒ Addition
NAME **Annie Jumper**
STREET ADDRESS **6525 Osceola Circle West**
CITY-ST-ZIP **Hollywood, FL 33024**

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

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

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

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

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

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

TITLE **S** ☒ Delete
NAME **SCHALLER, KATHRYN**
STREET ADDRESS **7820 CANTERBURY LANE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Volanda Lytle**
CITY-ST-ZIP **5701 Summerlake Dr. Apt. 107**
Hollywood, FL 33024

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

4/18/03

954-894-5651

CR2E037 (10/02)