

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000774

1. Entity Name

REDEEMING LOVE FELLOWSHIP OF FORT LAUDERDALE, IN C.

Principal Place of Business

Mailing Address

2200 NW 12 AVENUE
FORT LAUDERDALE FL 33311
US

2109 NW 12 AVENUE
FORT LAUDERDALE FL 33311
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

65-0558806

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

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

After September 13, 2002,
min. will be \$236.25.

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 PD
NAME THOMAS, HOLLIS K
STREET ADDRESS 2109 N.W. 12TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME BAIN, MAUREEN
STREET ADDRESS 570 SW 29TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME BAIN, MAUREEN
STREET ADDRESS 570 SW 29TH TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33312

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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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

Hollis K Thomas July 20, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jul 28, 2002 8:00 am
Secretary of State

07-10-2002 90184 013 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)