

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90099 030 \*\*\*\*70.00

**DOCUMENT # N95000002915**

1. Entity Name

**EMANUEL FIRST BORN CHURCH OF HOLLYWOOD, INC.**



Principal Place of Business

**6090 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

Mailing Address

**PO BOX 5253  
HOLLYWOOD FL 33083-5253**

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 **65-0560151**

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

**HODGE, EVELENA S  
1521 NW 17TH ST.  
FT. LAUDERDALE FL 33311**

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                       | <input type="checkbox"/> Delete            |
| NAME           | HODGE, EVELENA S         |                                            |
| STREET ADDRESS | 1521 N.W. 17TH ST.       |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33311  |                                            |
| TITLE          | VPD                      | <input type="checkbox"/> Delete            |
| NAME           | HODGE, MARCUS            |                                            |
| STREET ADDRESS | 1521 N.W. 17TH ST.       |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33311  |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | JONES, GLORIA            |                                            |
| STREET ADDRESS | 5620 SW 40TH STREET      |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL 33023       |                                            |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | HOLLOWAY, TANGAN         |                                            |
| STREET ADDRESS | 2539 RODMAN ST.          |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL 33020       |                                            |
| TITLE          | TD                       | <input type="checkbox"/> Delete            |
| NAME           | DUNBAR, PAUL L           |                                            |
| STREET ADDRESS | 2213 NW 6 PLACE APT REAR |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33311 |                                            |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | NELSON, BURNON J         |                                            |
| STREET ADDRESS | 704 FOSTER RD APT 1      |                                            |
| CITY-ST-ZIP    | HALLANDALE FL 33009      |                                            |

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          |                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>D MADIE C. DUNBAR</b>           |                                                                              |
| STREET ADDRESS | <b>2213 N.W. 6 PLACE APT. REAR</b> |                                                                              |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE, FL 33311</b>    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>D DOROTHY WYCHE</b>             |                                                                              |
| STREET ADDRESS | <b>1411 SW 24TH COURT</b>          |                                                                              |
| CITY-ST-ZIP    | <b>HOLLYWOOD, FL 33020</b>         |                                                                              |

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**

**EVELENA S. HODGE**

**954-763-3814**

**JAN. 10, 2003**

CR2E037 (10/02)