

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002933

1. Entity Name

CHRIST'S CHURCH IN SOUTH FLORIDA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90262 033 ****61.25

Principal Place of Business

Mailing Address

3800 SW 92ND AVENUE
 DAVIE FL 33328
 US

1077 CORAL CLUB DR.
 CORAL SPRINGS FL 33071-5659
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5310 NW 49th WAY
 Suite, Apt. #, etc.

5310 NW 49th WAY
 Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0596242

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

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

BENNETT, RYAN
 1077 CORAL CLUB DR.
 CORAL SPRINGS FL 33031

Name

Street Address (P.O. Box Number is Not Acceptable)

5310 NW 49th WAY

City

TAMARAC

FL

Zip Code
 33319

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	PD	<input type="checkbox"/> Delete
NAME	BENNETT, RYAN	
STREET ADDRESS	984 CORAL CLUB DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BENNETT, MARILYN	
STREET ADDRESS	984 CORAL CLUB DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, PAT	
STREET ADDRESS	5704 N.W. 48TH AVE.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RYAN	
STREET ADDRESS	5310 NW 49th WAY	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MARILYN	
STREET ADDRESS	5310 NW 49th WAY	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ARMANDO	
STREET ADDRESS	4430 SW 66th TERRACE	
CITY-ST-ZIP	DAVIE, FL 33314	
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		

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:

Ryan Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00

Date

(954) 334-5323

Daytime Phone #

CR2E037 (9/99)