

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2000 90064 003 ****61.25

DOCUMENT # N95000003982

1. Entity Name

SOUTHGATE CHURCH OF CHRIST, INC.

Principal Place of Business

~~7840 SOUTHGATE BLVD
 UNIT 3
 N LAUDERDALE FL 33068~~

Mailing Address

~~7840 SOUTHGATE BLVD
 UNIT 3
 N LAUDERDALE FL 33321-5016~~

2. Principal Place of Business

2201 WEST SAMPLE ROAD

Suite, Apt. #, etc.

3. Mailing Address

8291 N.W. 68 TERR

~~TAMARAC, FL 33321~~

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FLORIDA

City & State

TAMARAC FLORIDA

4. FEI Number

65-0594875

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, LYNDON L
 8291 NW 68 TERRACE
 TAMARAC FL 33321**

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.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, JOHN P	
STREET ADDRESS	4733 NW 50 CT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, SHERMAN	
STREET ADDRESS	2500 CORAL SPRINGS DRIVE #215	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, LEON	
STREET ADDRESS	7917 NW 7 CT	
CITY-ST-ZIP	PLANTATION FL 33068	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LYNDON L	
STREET ADDRESS	8291 NW 68 TERRACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, LYNDON L.	
STREET ADDRESS	8291 NW 68 TERRACE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALT AVERY	
STREET ADDRESS	5748 S. PLUM BAY PARKWAY	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIE CALHOUN	
STREET ADDRESS	10520 N.W. 41 STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
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:

Signature of Lyndon L. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000 (954) 726-4917
 Date Daytime Phone #

CR2E037 (9/99)