

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004344

1. Entity Name

WEST BROWARD CHURCH OF GOD, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90217 026 ****70.00

0009434

Principal Place of Business

Mailing Address

4301 N.W. 35TH AVENUE
LAUDERDALE LAKES FL 33309

4301 N.W. 35TH AVENUE
LAUDERDALE LAKES FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0565836**

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

CALLAM, THELMA R
520 LONG ISLAND AVE.
FORT LAUDERDALE FL 33312

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 **TD** ☐ Delete

NAME **MORGAN, FERDIE**
STREET ADDRESS **1821 N.W. 58TH AVENUE**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **PD** ☐ Delete

NAME **CLARKE, MAURICE A**
STREET ADDRESS **4301 N.W. 35TH AVE.**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **SD** ☐ Delete

NAME **MARTIN, DESMOND**
STREET ADDRESS **131 CAROLINA AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **D** ☐ Delete

NAME **TAPPER, DELBERT**
STREET ADDRESS **470 N.W. 42ND STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Delete

NAME **CRICHLAW, CECIL**
STREET ADDRESS **6841 BROAD MOOR**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition

NAME **CARLTON MITCHELL**
STREET ADDRESS **220 SW 29 AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FLORIDA 33312**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other line empowered.

SIGNATURE

SIGNATURE

SIGNATURE

CR2E037 (4/02)