

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91161 008 ****61.25

DOCUMENT # **N95000005452**

1. Entity Name

Charlottesville Church of Love

Principal Place of Business

Mailing Address

*3540 S.W. 3rd St
Fort. Land FL 33312*

2. Principal Place of Business

3. Mailing Address

SAME.
P.O. Box 120421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Land FL

City & State
Fort Land FL

4. FEI Number

Applied For
Not Applicable

Zip
33312

Country
U.S.A.

Zip
33312

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

Pastor Barbara Shaw

Name

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

3540 S.W. 3rd St

Fort Land FL

City

FL

Zip Code

33312

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

Pastor Barbara Shaw

April 2001

Signature, typed or printed name of registered agent and title if applicable

(NOT) 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 ☐ Delete
NAME **(1)** *Pastor Barbara Shaw*
STREET ADDRESS *3540 S.W. 3rd St*
CITY-ST-ZIP *Fort Land FL 33312*

TITLE ☐ Change ☒ Addition
NAME **(7)** *Dennis L. Parker*
STREET ADDRESS *1715 Fairview Dr*
CITY-ST-ZIP *Delray Bch*

TITLE ☐ Delete
NAME **(1)** *Pastor Godfrey Shaw*
STREET ADDRESS *3540 S.W. 3rd St*
CITY-ST-ZIP *Fort Land FL 33312*

TITLE ☐ Change ☐ Addition
NAME **(7)** *Alice Parker*
STREET ADDRESS *1715 Fairview Dr*
CITY-ST-ZIP *Delray Bch*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **(7)** *Ilene Davis*
STREET ADDRESS *Century Village East*
CITY-ST-ZIP *Richmond C. No 221*

TITLE ☐ Delete
NAME **(1)** *Kavano J. Busby*
STREET ADDRESS *3540 S.W. 3rd St*
CITY-ST-ZIP *FL 33312*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *Deerfield Bch 33342*

TITLE ☐ Delete
NAME **(1)** *Ava Camyo Douglas*
STREET ADDRESS *551 40th Ave*
CITY-ST-ZIP *Surprise FL 33317*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, or 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:

Pastor Barbara Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2001

Date

Daytime Phone #

CR2E037 (11/00)