

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001905

1. Entity Name

COMMUNITY WORKERS FOR CHRIST MINISTRY INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90021 035 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1322 N.W. 7TH COURT  
FORT LAUDERDALE FL 33311

1322 N.W. 7TH COURT  
FORT LAUDERDALE FL 33311-7911

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

65-0630282

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

ROBERSON, BERTHA  
1322 N.W. 7TH COURT  
FORT 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.

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 ☐ Delete  
NAME PD  
STREET ADDRESS ROBERSON, BERTHA PASTOR  
CITY-ST-ZIP 1322 N.W. 7TH COURT  
FORT LAUDERDALE FL 33311

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS ARMSTRONG, JANICE  
CITY-ST-ZIP 1412 N.W. 9 AVENUE APT. #2  
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS HENDERSON, DIANE  
CITY-ST-ZIP 1516 N.W. 15TH WAY  
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BRINSON, LILLIE  
CITY-ST-ZIP 3656 N.W. 32 STREET  
FT. LAUDERDALE FL 33309

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

TITLE ☐ Delete  
NAME CT  
STREET ADDRESS BRINSON, ARCHIE  
CITY-ST-ZIP 3656 NW 32ND STREET  
LAUDERDALE LAKES FL 33309

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Bertha Roberson* 2-2-2001 957 525-7242