

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003153

1. Entity Name

CHRISTIAN PALL BEARERS SOCIETY OF POMPANO, INC.

Principal Place of Business

Mailing Address

1900 N.W. 6TH AVENUE
POMPANO BEACH FL 33060

1900 N.W. 6TH AVENUE
POMPANO BEACH FL 33060

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

65-0748314

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

CLARKE, ROBERT
1900 N.W. 6TH AVENUE
POMPANO BEACH FL 33060

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 PD ☐ Delete
NAME CLARKE, ROBERT
STREET ADDRESS 1900 N.W. 6TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE SD ☐ Delete
NAME GRIFFIN, EASTER MAE
STREET ADDRESS 1565 N.W. 3RD WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE TD ☒ Delete
NAME NEAL, DOSHIA LEE
STREET ADDRESS 1570 N.W. 7TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME *Doreen Walker*
STREET ADDRESS *1509 NW 3rd way*
CITY-ST-ZIP *Pompano Beach, Fla 33060*

TITLE ☐ Delete
NAME *Robert Clarke*
STREET ADDRESS *Pompano Beach*
CITY-ST-ZIP *FL 33060*

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

TITLE ☐ Delete
NAME *Easter Griffin*
STREET ADDRESS *1565 N.W. 3rd way*
CITY-ST-ZIP

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 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 *Robert A. Clarke 1-14-2002/954-7826207*

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90016 035 ****66.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)