

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90102 037 ****66.25

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1. Entity Name

CHRISTIAN PALL BEARERS SOCIETY OF POMPANO, INC.



Principal Place of Business

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

Mailing Address

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

20021013



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARKE, ROBERT	
STREET ADDRESS	1900 N.W. 6TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFIN, EASTER MAE	
STREET ADDRESS	1565 N.W. 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, IDELEA	
STREET ADDRESS	1509 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME	Robert A Clark	
STREET ADDRESS	1906 NW 6TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME	Easter Mae Griffin	
STREET ADDRESS	1565 N.W. 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME	IDELLEA Walker	
STREET ADDRESS	1509 N.W. 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

Robert A. Clark

1-27-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)