

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005929

1. Entity Name

PATMOS ALLIANCE CHURCH, INC.

Principal Place of Business

Mailing Address

3901 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

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

65-0710083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00062796

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREMIER MANAGEMENT COMPANY
1437 N.E. 4th AVENUE
FORT LAUDERDALE, FL 33304

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: DIRECTOR ☐ Delete
NAME: CHARLES TATES
STREET ADDRESS: 3901 N. ANDREWS AVE
CITY-ST-ZIP: FT LAUD, FL 33309

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

TITLE: D ☐ Delete
NAME: CENORD ROLAND
STREET ADDRESS: 3901 N. ANDREWS AVE
CITY-ST-ZIP: FT LAUD, FL 33309

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

TITLE: D ☐ Delete
NAME: JOSEPH LEONCE
STREET ADDRESS: 3901 N. ANDREWS AVE
CITY-ST-ZIP: FT LAUD, FL 33309

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

TITLE: D ☐ Delete
NAME: MARY ETIENNE J
STREET ADDRESS: 3901 N. ANDREWS AVE
CITY-ST-ZIP: FT LAUD, FL 33309

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

TITLE: D ☐ Delete
NAME: DAGOBERGT LUCIEN
STREET ADDRESS: 3901 N. ANDREWS AVE
CITY-ST-ZIP: FT LAUD, FL 33309

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

TITLE: D ☐ Delete
NAME: MONTOUR PETER
STREET ADDRESS: 3901 N. ANDREWS AVE
CITY-ST-ZIP: FT LAUD, FL 33309

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-00

Date

954-563-9163

Daytime Phone #

CR2E037 (9/99)