

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91638 007 ****61.25

DOCUMENT # N97000001327

1. Entity Name

FORT LAUDERDALE WESTMINSTER PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**1100 S.W. 21ST STREET
 FORT LAUDERDALE FL 33315**

**1100 S.W. 21ST STREET
 FORT LAUDERDALE FL 33315**

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

NOT APPLICABLE

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

**WENDELL, PETER S
 1100 S.W. 21ST STREET
 FORT LAUDERDALE FL 33315**

Name

SABIN, JAMES A.

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

1335 S.E. 13TH TERR.

City

FT. LAUDERDALE

FL

Zip Code

33316

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 **D** ☐ Delete
 NAME **MAGLY, BUD**
 STREET ADDRESS **960 MONTICELLO AVE**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **D** ☒ Change ☐ Addition
 NAME **BURGE, MARY**
 STREET ADDRESS **1207 S.W. 17TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE **D** ☐ Delete
 NAME **KOBZINA, SHIRLEY**
 STREET ADDRESS **2300 S.W. 19 AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **~~XXXXXXXXXX~~** ☐ Change ☐ Addition
 NAME **~~XXXXXXXXXX~~**
 STREET ADDRESS **~~XXXXXXXXXX~~**
 CITY-ST-ZIP **~~XXXXXXXXXX~~**

TITLE **D** ☒ Delete
 NAME **BURLINGTON, MARY**
 STREET ADDRESS **2150 SW 23RD AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **V** ☒ Change ☐ Addition
 NAME **RITTER, ROBERT**
 STREET ADDRESS **1931 S.W. 23RD AVE**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **P** ☐ Delete
 NAME **SABIN, JAMES**
 STREET ADDRESS **1335 SE 13TH TERR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **T** ☐ Change ☒ Addition
 NAME **HILL, DONALD**
 STREET ADDRESS **4884 S.W. 24TH AVE**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **V** ☒ Delete
 NAME **OBERMEIER, MARY**
 STREET ADDRESS **719 SW 20TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Change ☐ Addition
 NAME **~~XXXXXXXXXX~~**
 STREET ADDRESS **~~XXXXXXXXXX~~**
 CITY-ST-ZIP **~~XXXXXXXXXX~~**

TITLE **S** ☐ Delete
 NAME **POSHARD, PHYLLIS**
 STREET ADDRESS **8648 SW 18TH STREET**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☐ Addition
 NAME **~~XXXXXXXXXX~~**
 STREET ADDRESS **~~XXXXXXXXXX~~**
 CITY-ST-ZIP **~~XXXXXXXXXX~~**

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

JAMES A. SABIN 4/30/02 954-525-7759
 Date Daytime Phone #

CR2E037 (9/01)