

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90024 035 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *N 9700000 3603* ✓
1. Entity Name
Common Ground Christian Fellowship, Inc

Principal Place of Business *11014 N.W. 23rd CT*
Sunrise, FL 33322
Mailing Address *11014 N.W. 23rd CT*
Sunrise, FL 33322

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 *65-0764045*
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WITT STEVE
8220 S.W. 9TH ST
N. Lauderdale FL 33068

7. Name and Address of New Registered Agent
 Name *PATRICIA Perdeu*
 Street Address (P.O. Box Number is Not Acceptable) *11014 NW 23 CT*
 City *SUNRISE* FL Zip Code *33322*

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 *Patricia V. Perdeu* *PATRICIA V Perdeu* *5/22/00*
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <i>Perdeu, John M</i> <i>11014 NW 23RD ST</i> <i>Sunrise, FL 33322</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VTD</i> <i>WITT, STEVE</i> <i>8220 S.W. 9TH ST</i> <i>NORTH LAUDERDALE, FL</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JD</i> <i>PERDEU, PATRICIA</i> <i>11014 N.W. 23RD CT</i> <i>SUNRISE, FL</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VTD</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11014 NW 23 RD CT</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VTD</i> <i>LARRY DeWARF</i> <i>8416 FOREST HILLS BLVD, #308</i> <i>CORAL SPRINGS, FL 33065</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia V. Perdeu* *PD* *5/22/00* *(954)* *925-1255*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR20037 (9/99)