

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90192 043 ****61.25

DOCUMENT # N97000004600

1. Entity Name

COURTS OF PRAISE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**44 N OCEAN BLVD
POMPANO BEACH FL 33062**

**44 N OCEAN BLVD
POMPANO BEACH FL 33062**

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

**FOGANHOLI, JOSE C
1511 NW 91ST AVENUE
APT. #928
CORAL SPRINGS FL 33071**

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 **P** ☐ Delete
NAME **FOGANHOLI, JOSE C**
STREET ADDRESS **1511 NW 91AVE APT #928**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **V** ☐ Delete
NAME **MOORE, CHARLES W**
STREET ADDRESS **4384 NW 9TH AVE, BLDG 19 #3D**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **V** ☒ Change ☐ Addition
NAME **Moore, Charles W.**
STREET ADDRESS **18 N. Ocean Blvd.**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **ST** ☐ Delete
NAME **MOORE, DEBORAH S**
STREET ADDRESS **4384 NW 9TH AVE, BLDG 19 #3D**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE **D** ☐ Delete
NAME **FOGANHOLI, MARIA B**
STREET ADDRESS **1511 NW 91ST AVE APT 9 28**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **D** ☐ Delete
NAME **ABBOTT, TERRY JACK**
STREET ADDRESS **5748 AUBERGER DRIVE**
CITY-ST-ZIP **FAIRFIELD OH 45014**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/02 (154)255-0024

CR2E037 (9/01)