

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

01-17-2001 90089 011 ****61.25

DOCUMENT # N97000005960

1. Entity Name

CHURCH JESUS OF FT. LAUDERDALE INC

Principal Place of Business

2220 N.W. 59TH AVE #44
LAUDERHILL FL 33313

Mailing Address

1511 N.W. 12ST
FORT LAUDERDALE FL 33311

2. Principal Place of Business

649 N.W. 22ND RD

3. Mailing Address

1511 N.W. 12ST

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

City & State

FT LAUD FLA

City & State

FT LAUD FLA

4. FEI Number

52-2080624

Applied For
 Applied For
 Not Applicable

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, OSBURN
1511 N.W. 12 ST
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name OSBURN ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
1511 N.W. 12 ST
City FT LAUD FL FL Zip 33311

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

Osburn Robinson

(NOTE: Registered Agent signature required when re-registering)

1/9/2001

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 NAME ROBERTSON, OSBURN
STREET ADDRESS 1511 NW 12TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME WALKER, ROBERT
STREET ADDRESS 4920 NW 17TH STREET
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME WIMBUSH, CONSTANCE
STREET ADDRESS 2650 NW 21ST STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE NAME WIMBUSH, CONSTANCE
STREET ADDRESS 2650 NW 21 ST
CITY-ST-ZIP FT LAUD FL 33311 Trustee

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME EARLENE ROBINSON
STREET ADDRESS 1511 N.W. 12TH ST
CITY-ST-ZIP FT LAUD FL 33311 Trustee

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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

Osburn Robinson

1/9/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (10/00)