

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90056 020 ****61.25

0017948

DOCUMENT # N98000004076

1. Entity Name

BRANCH OF THE LORD, INC.



Principal Place of Business

**5071 WEST OAKLAND BLVD.
BUILDING G, #103
FORT LAUDERDALE FL 33313**

Mailing Address

**5071 WEST OAKLAND BLVD.
BUILDING G, #103
FORT LAUDERDALE FL 33313**

2. Principal Place of Business

3. Mailing Address

P.O. Box 8223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33310 USA

4. FEI Number **65-0967197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATOUR, CHASTA

**5071 WEST OAKLAND BLVD., BUILDING G, #103
FORT LAUDERDALE FL 33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

CHASTA NATOUR

(NOTE: Registered Agent signature required when reinstating)

08-01-03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	NATOUR, LINDA	
STREET ADDRESS	5071 WEST OAKLAND BLVD., BUILDING G, #103	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	NATOUR, CHASTA	
STREET ADDRESS	5071 WEST OAKLAND BLVD., BUILDING G, #103	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PIANELLI, GILDA	
STREET ADDRESS	441 NE 17TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOBEIL, JEAN-PIERRE	
STREET ADDRESS	1206 STERLING RD	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIGATI, ELIZABETH	
STREET ADDRESS	1425 ARTHUR ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NORVAL HENDRIX SR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	446 GATEWAY DR. #2	
STREET ADDRESS	PACIFICA, CA 94044	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

NATOUR

08-01-03

954-714-1101

CR2E037 (4/03)