

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90007 040 ****61.25

DOCUMENT # N98000004498

1. Entity Name

BIBLE BAPTIST CHURCH OF BROWARD, INC.

Principal Place of Business

Mailing Address

C/O CYNTHIA PARIDO
6801 SOUTHWEST 7TH PLACE
NORTH LAUDERDALE FL 33068

C/O CYNTHIA PARIDO
6801 SOUTHWEST 7TH PLACE
NORTH LAUDERDALE FL 33068

C/O JOHN C. GOODYEAR

C/O REV JOHN C. GOODYEAR

2. Principal Place of Business

6801 SW 7 COURT

3. Mailing Address

6801 SW 7 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH LAUDERDALE FL

City & State

NORTH LAUDALE, FL

4. FEI Number

65-0855527

Applied For

Not Applicable

Zip

33068

Country

BROWARD

Zip

33068

Country

BROWARD

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

PARIDO, CYNTHIA L
C/O CYNTHIA PARIDO
6801 SOUTHWEST 7TH PLACE
NORTH LAUDERDALE FL 33068

Name
GAYDON, JOANNE
Street Address (P.O. Box Number is Not Acceptable)
1925 SW 69 AVENUE

City **POMPANO Bch.** FL Zip Code **33068**

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

JOANNE GAYDON 1/07/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	PD GOODYEAR, REV JOHN C 6801 SW 7 CT NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC PARIDO, CYNTHIA L 6801 SW 7 PLACE NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLACKMAN, KURT 6801 SW 7 CT MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERCER, LEVERN 1641 SW 63 AVE POMPANO BEACH FL 33068	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC GAYDON, JOANNE 1925 SW 69 AVENUE POMPANO Bch. FL 33068	<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
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: *REV JOHN C. GOODYEAR* 1/07/01 (954) 977-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)