

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004651

1. Entity Name

HIS ARMS EXTENDED COMMUNITY OUTREACH CENTER, INC

Principal Place of Business

Mailing Address

10540 NW 43 ST
CORAL SPRINGS FL 33065

PO BOX 938531
MARGATE FL 33093-8531

FILED

00 SEP 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7117 SPORTSMANS DR.

City & State

City & State

NORTH LAUDERDALE FL

Zip

Country

Zip

Country

33065

BEOWARD

4. FEI Number

31-1620181

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

Name

Street Address (P.O. Box Number is Not Acceptable)

JOHNSON, LONNIE
2660 N.W. 5TH STREET
POMPANO BEACH FL 33069

651 NW 18th Ct

City

POMPANO BEACH

FL

Zip Code

33060

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 PD
NAME JOHNSON, LONNIE
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE TD
NAME KESHA PORTER
STREET ADDRESS 7117 SPORTSMANS DR
CITY-ST-ZIP NORTH LAUDERDALE FL 33065 ☒ Change ☐ Addition

TITLE SD
NAME JACKSON, BRIDGET
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003417988-9
-10/09/00--01011--001
*****61.25 *****61.25 ☐ Change ☐ Addition

TITLE TD
NAME CALCOTE, DEBRA
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069 ☒ Delete

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

TITLE VD
NAME JOHNSON, SUSAN
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE T
NAME JOHNSON, MAMIE L
STREET ADDRESS 651 NW 18TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Lonnie Johnson* RECORDED Johnson PD 9-22-00 954-290-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #