

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91184 003 ****61.25

DOCUMENT # N98000004929

1. Entity Name

BREAD OF LIFE PILGRIMAGE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

**1460 NW 54TH AVE
 LAUDERHILL FL 33313**

**1460 NW 54TH AVE
 LAUDERHILL FL 33313**

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 **65-0857222**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGLASHEN, DESMOND
 1460 NW 54TH AVE
 LAUDERHILL 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.

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** ☐ Delete
 NAME **MCGLASHEN, DESMOND**
 STREET ADDRESS **1460 NW 54TH AVE**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **SD** ☐ Change ☒ Addition
 NAME **DACOSTA-FOSTER, JANETTE**
 STREET ADDRESS **6583 Saltaire TERR**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VP D** ☐ Delete
 NAME **MCGLASHEN, ALMA**
 STREET ADDRESS **1460 NW 54TH AVE**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Change ☒ Addition
 NAME **MCGLASHEN, CORIETA**
 STREET ADDRESS **1460 NW 54th AVE**
 CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **TD** ☐ Delete
 NAME **FOSTER, RICHARD I**
 STREET ADDRESS **6583 SALTARE TERR.**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Change ☒ Addition
 NAME **SIMPSON, JOYCELYN**
 STREET ADDRESS **3371 NW 43rd STREET**
 CITY-ST-ZIP **LAUDERDALE LAKES, FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **MANGAROO, CECILE CLAYTON**
 STREET ADDRESS **3620 NW 34th AVE**
 CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **GORDON, SHARON**
 STREET ADDRESS **5837 Blue Berry CT**
 CITY-ST-ZIP **LAUDERHILL, FL 33313**

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: *Desmond McGlashen* **REQUIRED** **Desmond McGlashen 4/26/02 954-533-5087**
 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)