

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006011

1. Entity Name

FEDERATION OF INDEPENDENT UNITY CHURCHES, INC.

Principal Place of Business

Mailing Address

3550 GALT OCEAN DRIVE
SUITE 109
FORT LAUDERDALE FL 33308

3550 GALT OCEAN DRIVE
SUITE 109
FORT LAUDERDALE FL 33308-6831

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

65-0870614

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

BISHOP, KATHLEEN A
3550 GALT OCEAN DRIVE
SUITE 109
FORT LAUDERDALE FL 33308

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 BISHOP, REV. KATHELEEN A PHD
STREET ADDRESS 3550 GALT OCEAN DR. - #109
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

TITLE VP ☒ Delete
NAME WISHART, REV WILLIAM
STREET ADDRESS 3031 N. OCEAN BLVD #408
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Change ☒ Addition
NAME Charles H. Smith
STREET ADDRESS PO Box 385
CITY-ST-ZIP Paola, Kansas 66071

TITLE SVP ☐ Delete
NAME MARTYN, REV. WILLIAM
STREET ADDRESS 2332 PEBBLE CREEK ROAD
CITY-ST-ZIP WINSTON SALEM NC 27107

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

TITLE SD ☐ Delete
NAME LEE, BARBAR CHARLES
STREET ADDRESS 2143 DISCOVERY CIRCLE W.
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
NAME Barbara Lee Charles
STREET ADDRESS 2210 NE 52nd Street
CITY-ST-ZIP Fort Lauderdale, Florida 33308

TITLE T ☐ Delete
NAME MALONEY, REV. DAVID
STREET ADDRESS 610 NE FIRST AVE. APT 22
CITY-ST-ZIP FORT LAUDERDALE FL 33304

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

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:

Kathleen Bishop

Kathleen Bishop

(954) 566-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)