

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90509 004 ****61.25

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1. Entity Name

FEDERATION OF INDEPENDENT UNITY CHURCHES, INC.



Principal Place of Business

**3703 GALT OCEAN DR.
FORT LAUDERDALE FL 33308**

Mailing Address

**3703 GALT OCEAN DR.
FORT LAUDERDALE FL 33308**

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

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
Florida 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 **SMITH, CHARLES H**
STREET ADDRESS **114 WEST 3RD**
CITY-ST-ZIP **OTTAWA KS 66067**

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

TITLE **V** ☒ Delete
NAME **MOORE, PATRICIA**
STREET ADDRESS **3317 LOMA VISTA**
CITY-ST-ZIP **WACO TX 76710**

TITLE ☒ Change ☐ Addition
NAME **Moore, Patricia**
STREET ADDRESS **3317 Loma Vista**
CITY-ST-ZIP **Waco, TX 76710**

TITLE **S** ☒ Delete
NAME **LEE-CHARLES, BARBARA**
STREET ADDRESS **1001 NE 17TH COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE ☐ Change ☒ Addition
NAME **Paulette Hogan**
STREET ADDRESS **30283 Green Ct.**
CITY-ST-ZIP **Daphne, AL 36527**

TITLE **D** ☒ Delete
NAME **KNIGHT, CELE**
STREET ADDRESS **1110 HERRIN STREET**
CITY-ST-ZIP **NACOGDOCHES TX 75961**

TITLE ☒ Change ☐ Addition
NAME **Knight, Cele**
STREET ADDRESS **1110 Herrin Street**
CITY-ST-ZIP **Nacogdoches, TX 75961**

TITLE **D** ☐ Delete
NAME **SODERGREN, TIMOTHY**
STREET ADDRESS **OKOMO PARK #6 CENTER**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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 A. Bishop **Kathleen A. Bishop**

14/4/04

(954) 568-1002

CR2E037 (10/02)