

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007209

1. Entity Name

INDEPENDENT UNITY CHURCH OF FORT LAUDERDALE, INC

Principal Place of Business

3550 GALT OCEAN DRIVE
SUITE 109
FORT LAUDERDALE FL 33308

Mailing Address

3550 GALT OCEAN DRIVE
SUITE 109
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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD
NAME BISHOP, KATHLEEN A
STREET ADDRESS 3550 GALT OCEAN DR #109
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE D
NAME CORBITT, JACK
STREET ADDRESS 9128 VINEYARD LAKE DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33324 ☐ Delete

TITLE D
NAME CHARLES, BARBARA L
STREET ADDRESS 2210 NE 52ND ST
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Kathleen A. Bishop* Kathleen A. Bishop

(954)566-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residing State

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90123 050 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)