

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007209

1. Entity Name

INDEPENDENT UNITY CHURCH OF FORT LAUDERDALE, INC

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90169 008 ****61.25

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

2. Principal Place of Business

3703 Galt Ocean Drive

3. Mailing Address

3703 Galt Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0984696

Applied For

Not Applicable

Zip

33308

Country

Zip

33308

Country

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

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

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

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

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

TITLE S
 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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ 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: *Kathy Bishop* Kathy Bishop
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 954-632-9012
 Date Daytime Phone #

CR2E037 (9/01)