

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90002 015 ****61.25

DOCUMENT # N99000001855

1. Entity Name

EMBASSY CHURCH INC.

Principal Place of Business

Mailing Address

17005 NW 38TH COURT
 MIAMI FL 33055

17005 NW 38TH COURT
 MIAMI FL 33055

914336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0909287

Applied For

Not Applicable

Zip

Country

Zip

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

SUE, NEVILLE REV.
17005 NW 38TH COURT
MIAMI FL 33055

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUE, NEVILLE REV.	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 17005 NW 38TH COURT		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33055		CITY-ST-ZIP:	
NAME: SUE, SHARON	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 17005 NW 38TH COURT		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33055		CITY-ST-ZIP:	
NAME: COPELAND, CEDRICK LLOYD	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1840 NE 167TH STREET #1		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33162		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: _____

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2001
 Date

Daytime Phone #

CR2E037 (10/00)