

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000003194

1. Entity Name

BROWARD WORSHIP CENTRE CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-03-2000 90001 032 ****70.00

Principal Place of Business

6299 W SUNRISE BLVD
SUNRISE FL 33313

Suite 206

Mailing Address

6299 W SUNRISE BLVD
SUNRISE FL 33313-6180

Suite 206

2. Principal Place of Business

6289 W. SUNRISE BLVD

Suite, Apt. #, etc.

273

3. Mailing Address

6289 W. SUNRISE BLVD

Suite, Apt. #, etc.

273

City & State

SUNRISE,

City & State

SUNRISE,

Zip

33313

Country

U.S.A.

Zip

33313

Country

U.S.A.

4. FEI Number

65-0923814

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALMER, EMANUEL S
3330 SPANISH MOSS TERRACE
LAUDERHILL FL 33319

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	D	PASTOR	<input type="checkbox"/> Delete
NAME		EMANUEL S. PALMER	
STREET ADDRESS		3330 SPANISH MOSS TERRACE	
CITY-ST-ZIP		LAUDERHILL, FL 33319	
TITLE	D	JANET BROWN	<input type="checkbox"/> Delete
NAME		7041 C.L.	
STREET ADDRESS		SUNRISE, FL 33313	
CITY-ST-ZIP			
TITLE	T	DR. ALIS RIGGS	<input type="checkbox"/> Delete
NAME		8541 NW 47 ST.	
STREET ADDRESS		CORAL SPRINGS	
CITY-ST-ZIP		FL 33067	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

EMANUEL S. PALMER 954 321-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)