

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

FILED
Jun 18, 2003 8:00 am
Secretary of State

04-28-2003 90475 008 *****70.00

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1. Entity Name

BROWARD WORSHIP CENTRE CORPORATION



Principal Place of Business

6289 W SUNRISE BLVD
SUITE 117
SUNRISE FL 33313

Mailing Address

6289 W SUNRISE BLVD
SUITE 117
SUNRISE FL 33313

55048813

2. Principal Place of Business

BROWARD WORSHIP CENTRE
SUITE, Apt. #, etc.
NO. 117

3. Mailing Address

6289 W. SUNRISE BLVD.
SUITE, Apt. #, etc.
117

4. FEI Number **65-0923814**

Applied For
Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional
Fee Required

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. 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

4-21-2003

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

TITLE **PD** ☐ Delete
NAME **PALMER, EMANUEL S**
STREET ADDRESS **3330 SPANISH MOSS TERR**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☒ Delete
NAME **BROWN, JANET**
STREET ADDRESS **70 41 CT**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **T** ☒ Delete
NAME **RIGG, AVIS DR**
STREET ADDRESS **8541 NW 47TH ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **ARTHUR DILLON**
STREET ADDRESS **300 FLORIDA AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **BRIDGETT SETHIC**
STREET ADDRESS **7 MANOR, COCONUT CREEK**
CITY-ST-ZIP **FL 33063**

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

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

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

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2003 **954325-0049**

CR2E037 (10/02)