2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
03-22-2002 90041 034 ****61.25

DOCUMENT # N99000004962

1. Entity Name

CORAL SPRINGS NEW TESTAMENT CHURCH OF GOD, INCOR PORATED

Principal Place of Business	Mailing Address
10250 W. SAMPLE ROAD CORAL SPRINGS FL 33065	10250 W. SAMPLE ROAD CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0971051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, JOEL E
5462 N.W. 109TH WAY
CORAL SPRINGS FL 33076

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 Joel E Walters DATE 3-3-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WALTERS, JOEL E 5462 NW 109TH WAY CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Pastor D Oral Walters 3860 N.W. 102 Ave. Coral Springs, Fl. 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O NEWMAN, LLOYD 4160 NW 49 TERRACE LAUDER LAKES FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Dorothy Darby 8070 NW 11th St. Coral Springs, Fl. 33063.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O CUNNINGHAM, RUDOLPH D 6100 NW 40 STREET CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Sharon Staple. D 7842 NW 1st St. Margate Fl 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD FISHER, VERONICA 6111 NW 72 WAY PARKLAND FL 33067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Joseph Monesar 3071 Martello Dr. Margate Fl 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOD GORDON, MARSHA 5606 NW 109 WAY CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOD STAPLE, JUNIOR 7482 NW 1 STREET MARGATE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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.

(954) 346-4904

SIGNATURE: Joel E Walters 3-3-02 (954) 255-0916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #