

9/12/01-90017-042-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006114

1. Entity Name
BISHOP CHARLES FOLSOM COMMUNITY DEVELOPMENT, INC

Principal Place of Business
2446 ARTHUR STREET
HOLLYWOOD FL 33020

Mailing Address
2446 ARTHUR STREET
HOLLYWOOD FL 33020

2. Principal Place of Business
1639 S. 21st AVE
Suite, Apt. #, etc.

3. Mailing Address
Hollywood
Suite, Apt. #, etc.

FILED

01 NOV -2 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

City & State: Hollywood Fla

City & State: Hollywood Fla

4. FEI Number: APPLIED FOR

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOLSOM, BISHOP C
2446 ARTHUR STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name: Ollie J Folsom
Street Address (P.O. Box Number is Not Acceptable): 132 NW GAVE HALLANDALE #1
City: Florida FL Zip Code: 33009

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: Ollie Folsom - Missionary
DATE: Sept 5-2001

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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: FOLSOM, BISHOP C STREET ADDRESS: 2446 ARTHUR STREET CITY-ST-ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE: Missionary NAME: Ollie J Folsom STREET ADDRESS: 132 NW GAVE CITY-ST-ZIP: HALLANDALE Fla. 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: FOLSOM, OLLIE J STREET ADDRESS: 2446 ARTHUR STREET CITY-ST-ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE: D NAME: HUZURI, KAREN STREET ADDRESS: 2750 PIERCE ST CITY-ST-ZIP: HOLLYWOOD Fla	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HUZURI, KAREN STREET ADDRESS: 2750 PIERCE ST CITY-ST-ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE: D NAME: LOPEZ, RENARD STREET ADDRESS: 132 NW GAVE #1 CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: LOPEZ, RENARD STREET ADDRESS: 2446 ARTHUR ST CITY-ST-ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE: D NAME: GREEN, SANDRA F STREET ADDRESS: 500 SW 4th ST CITY-ST-ZIP: HALLANDALE Fla	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MD NAME: GREEN, SANDRA F STREET ADDRESS: 500 SW 4TH ST CITY-ST-ZIP: HALLANDALE FL 33020	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ollie Folsom - Missionary
DATE: Sept 5-2001
Daytime Phone #: 954-455-7836

CPRE037 (5/01)