

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90901 035 \*\*\*\*61.25

**DOCUMENT # N99000006114**

1. Entity Name

**BISHOP CHARLES FOLSOM COMMUNITY DEVELOPMENT, INC**

Principal Place of Business

Mailing Address

1639 S. 21ST AVENUE  
 HOLLYWOOD FL 33020

1639 S. 21ST AVENUE  
 HOLLYWOOD FL 33020

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

**NOT APPLICABLE**

Applied For

Not Applicable

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

**FOLSOM, ALLIE J**  
**132 N.W. 6TH AVENUE**  
**HALLANDALE FL 33009**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MD	FOLSOM, OLLIE J	132 N.W. 6 AVENUE HALLANDALE FL 33009				
	D	HUZURI, KAREN	2750 PIERCE STREET HOLLYWOOD FL				
	S	LOPEZ, RENARD	132 N.W. 6TH AVENUE, #1 HALLANDALE FL 33009				
	D	GREEN, SANDRA F	500 S.W. 4TH STREET HALLANDALE FL				

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.

SIGNATURE:

*OLLIE J. FOLSOM*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2002 954-455-7836  
 Date Daytime Phone #