

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90007 011 \*\*\*\*61.25

**DOCUMENT # 701830**

1. Entity Name

**CHRISTIAN & MISSIONARY ALLIANCE CHURCH OF LAKE W**

Principal Place of Business

Mailing Address

8431 LAKE WORTH RD  
 LAKE WORTH FL 33467-2427  
 US

8431 LAKE WORTH RD  
 LAKE WORTH FL 33467-2427  
 US

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

**70-1830601**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, CLARK  
 3440 STATE RD 7  
 LAKE WORTH FL 33467

Name **ROBERT D. GALASSO**  
 Street Address (P.O. Box Number is Not Acceptable)

**4720 SUBURBAN PINES**  
 City **GREENACRES** **FL** Zip Code **33463**

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 *Robert D. Galasso*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/20/00**  
 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	VC	<input type="checkbox"/> Delete
NAME	TIMMIS, BILL	
STREET ADDRESS	5834 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BRADLEY, DEBRA L	
STREET ADDRESS	3131 FRENCH AVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	S	<input type="checkbox"/> Delete
NAME	HURLEY, ROBERT E	
STREET ADDRESS	258 WALKER AVE	
CITY-ST-ZIP	GREEN ACRES FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADLEY, ELDEN C III	
STREET ADDRESS	4949 ARENA WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADLEY, ELDEN C JR	
STREET ADDRESS	3131 FRENCH AVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEE RENSHAW	
STREET ADDRESS	2199 SANTA CATALINA	
CITY-ST-ZIP	WEST PALM BEACH FL	

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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/00** **561-967-3149**  
 Date Daytime Phone #

CR2E037 (9/99)