

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90086 009 ****61.25

DOCUMENT # 702539

1. Entity Name

CHURCH OF THE PALMS CONGREGATIONAL INC

Principal Place of Business

Mailing Address

1960 NORTH SWINTON AVENUE
 DELRAY BCH. FL 33444-4328

1960 NORTH SWINTON AVENUE
 DELRAY BCH. FL 33444-4328

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

59-6135858

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

CHISON, JAMES, W.
28 DUNES RD
BOYNTON BCH FL 33436

Name

Segur, Richard

Street Address (P.O. Box Number is Not Acceptable)

9930B Orchid Tree Trail

City

Boynton Beach, FL

FL

33436

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 **D** ☒ Delete
 NAME **BARTHOLOMEW, BILL**
 STREET ADDRESS **1049 DEL HAVEN DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Change ☒ Addition
 NAME **Ryland, Peter**
 STREET ADDRESS **1311 SW 25th Avenue**
 CITY-ST-ZIP **Boynton Beach, FL 33426**

TITLE **T** ☐ Delete
 NAME **EMERY, CHARLES**
 STREET ADDRESS **3621 QUAIL RIDGE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **D** ☒ Delete
 NAME **COOPER, DOROTHY**
 STREET ADDRESS **731 S.W. 28TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kettle, Carolyn**
 STREET ADDRESS **16 Bahia Drive**
 CITY-ST-ZIP **Boynton Beach, FL 33426**

TITLE **D** ☒ Delete
 NAME **WILSON, HELEN**
 STREET ADDRESS **10354 GREEN TRAIL DRIVE, NORTH**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☐ Change ☒ Addition
 NAME **Bright, Richard E.**
 STREET ADDRESS **604 NW 7th Street**
 CITY-ST-ZIP **Delray Beach, FL 33444**

TITLE **S** ☐ Delete
 NAME **AVOLIO, MIKE**
 STREET ADDRESS **11167 GRANDVIEW MANOR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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

TITLE **D** ☐ Delete
 NAME **ZIMMERMAN, BOB**
 STREET ADDRESS **4870 SHERWOOD FOREST DR**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
 NAME **Zimmerman, Robert**
 STREET ADDRESS **4870 Sherwood Forest Dr.**
 CITY-ST-ZIP **Delray Beach, FL 33445**

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 *Robert Zimmerman* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Zimmerman, 2/22/02

561 496-6349

Date

Daytime Phone #

CR2E037 (9/01)