

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90100 046 ****61.25

DOCUMENT # 703493

1. Entity Name

FIRST FREE WILL BAPTIST CHURCH OF DEERFIELD BEAC

Principal Place of Business

Mailing Address

**307 S.E. 15 ST.
DEERFIELD BEACH FL 33441**

**P.O. BOX 64
DEERFIELD BEACH FL 33443-0064
US**

00040600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2351240

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WALLEN, THOMAS G.
284 NW 40 COURT
POMPANO BEACH FL 33064**

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 ☐ Delete
NAME **D**
STREET ADDRESS **WALLEN, THOMAS G.**
CITY-ST-ZIP **284 NE 40 COURT
POMPANO BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **TRUSTEE**
STREET ADDRESS **GEORGE DUNNING**
CITY-ST-ZIP **328 S.E. 2 STREET
DEERFIELD BEACH, FL. 33443**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WALLEN, RAE A**
CITY-ST-ZIP **284 NE 40 CT
POMPANO BEACH FL 33064**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LOVITZ, BRET**
CITY-ST-ZIP **1417 SE 3 TERR
DEERFIELD FL 33441**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **REID, ARVIL**
CITY-ST-ZIP **1433 NE 61
POMPANO BCH FL 33064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 thereto, with all other like signatures.

SIGNATURE:

Thomas G. Wallen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2000 954-941-0620
Date Daytime Phone #

CR2E037 (9/99)