2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705736



FILED Apr 18, 2003 8:00 am Secretary of State

1. Entity Nan	K'S CHURC	, , , , , ,				C	94-18-2003 S	90232 048	****61.2	25
,			Mailing Address			1				
			3395 BURNS ROAD PALM BEACH GRONS FL	395 BURNS ROAD ALM BEACH GRDNS FL 33410						
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-6491572				oplied For ot Applicable
Zip Country		Zip	Zip Country					8.75 Additional se Required		
6. Name and Address of Current Registered Agent				Name		7. Name and Ad	dress of New F	Registered A	gent	
ROBB, REV G KERRY 3395 BURNS ROAD						P.O. Box Number is	Not Acceptable	e)		
PALM BEACH GARDENS FL 33410										
•				City				FL	Zip Cod	е
	e named entity		the purpose of changing its	registered office	or register	red agent, or both, ir	the State of Flo	orida. I am fa	miliar with,	and accept
the obligat	alloris of registe	7/1/11	11							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign								4/5/03 DATE	<u> </u>	
	Signature, typed o	or printed name of registered agent at	nd title if applicable. (NOT)	E: Registered Agent sign		when reinstating)				
		FEE IS \$61.25		npaign Financing		\$5.00 May Be Added to Fees		ike Check da Departr		
10,	FILE NOW:		9. Election Car Trust Fund C	npaign Financing		\$5.00 May Be	Flori	ike Check da Departr	nent of S	State
10. TITLE	FILE NOW:	FEE IS \$61.25	9. Election Car Trust Fund C	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Florion Florio	ike Check da Departr	nent of S	State
10,	FILE NOW:	FEE IS \$61.25 OFFICERS AND DIR	9. Election Car Trust Fund C	mpaign Financing Contribution.	SD Yac	\$5.00 May Be Added to Fees ADDITIONS/CHANGE kira, Ro	Florion Florio	ike Check da Departr	nent of S	State
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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.

COMINDA Stinnett, Treasurer

561-62290956