

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-14-2002 90070 008 ****61.25

DOCUMENT # 706917

1. Entity Name

THE CHURCH BY THE SEA INC.

Principal Place of Business

Mailing Address

501 96TH STREET
 BAL HARBOUR FL 33154

501 96TH STREET
 BAL HARBOUR FL 33154

22758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0668474

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

MCNEW, HUGH D ESQ
 707 NE 195 ST
 N MIAMI BEACH FL 33179

Name

Adelgunde E. Dean

Street Address (P.O. Box Number is Not Acceptable)
 1211 NE 131 Street

City

North Miami

FL

Zip Code
 33161

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

Adelgunde E. Dean

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

(NOTE: Registered Agent signature required when reinstating)

02-20-02

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

TITLE	TAT	<input checked="" type="checkbox"/> Delete
NAME	MAVROLEON, MACE	
STREET ADDRESS	351 POINCIANA ISLAND	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ILVENTO, CHARLES	
STREET ADDRESS	10205 COLLINS AVE., #1208	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBENIA	
STREET ADDRESS	10180 COLLINS AVE, 205	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, FRED	
STREET ADDRESS	P.O. BOX 546494	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Roy	
STREET ADDRESS	2801 lucerne	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Newport	
STREET ADDRESS	10775 N. Bayshore Drive	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Fahlbusch	
STREET ADDRESS	3443 Oak Street	
CITY-ST-ZIP	Hollywood, FL 33021	
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 officers empowered.

SIGNATURE:

Charles H. Fahlbusch
 CHARLES H. FAHLBUSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 3, 2002 (954) 712-4600

Date

Daytime Phone #

CR2E037 (9/01)