

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718694

1. Entity Name

CRESTWOOD BAPTIST CHURCH, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90166 021 ****61.25

Principal Place of Business

517 FOLSOM ROAD
LOXAHATCHEE FL 33470

Mailing Address

517 FOLSOM ROAD
LOXAHATCHEE FLA 33470-4936

2. Principal Place of Business

100 Cypress Lake Dr.

Suite, Apt. #, etc.

3. Mailing Address

100 Cypress Lake Dr.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

4. FEI Number

05-0017060

Applied For

Not

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORENZO, BONNY LYNN
107 SANTIAGO STREET
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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

2/1/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HUDSON, RHONDA
436 PERRY AVE
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LORENZO, ALBERT
107 SANTIAGO STREET
ROYAL PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LORENZO, BONNY LYNN
107 SANTIAGO STREET
ROYAL PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HULGIN, JOHN
2106 SHERWOOD FOREST #19
WPB FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2000

(561) 793-0000