

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90987 027 ****61.25

DOCUMENT # 718694

1. Entity Name

CRESTWOOD BAPTIST CHURCH, INC.



Principal Place of Business

**100 CYPRESS LAKE DR
WEST PALM BEACH FL 33411**

Mailing Address

**100 CYPRESS LAKE DR
WEST PALM BEACH FL 33411**

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 **05-0017060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Bonny L. Lorenzo

(NOTE: Registered Agent signature required when reinstating)

4/3/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	☐ Delete
NAME	HUDSON, RHONDA	
STREET ADDRESS	438 PERRY AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DP	☐ Delete
NAME	LORENZO, ALBERT	
STREET ADDRESS	107 SANTIAGO STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	S	☐ Delete
NAME	LORENZO, BONNY LYNN	
STREET ADDRESS	107 SANTIAGO STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VD	☒ Delete
NAME	HULGIN, JOHN	
STREET ADDRESS	2108 SHERWOOD FOREST #19	
CITY-ST-ZIP	WPB FL	
TITLE	VD	☐ Delete
NAME	OMALLEY DAVID	
STREET ADDRESS	42 Seminole Ct E.	
CITY-ST-ZIP	Royal Palm Bch, FL 33411	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Bonny L. Lorenzo

4/3/03

561 793 4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)