

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725664

1. Entity Name

FREE WILL BAPTIST CHURCH OF WEST PALM BEACH FLOR

Principal Place of Business

1065 JOG RD.
WEST PALM BEACH FL 33415

Mailing Address

1065 JOG RD.
WEST PALM BEACH FL 33415

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0120060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINKERMAN, BILLY
4692 PINE AIRE LANE
WEST PALM BEACH FL 33417

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 PD
NAME PINKERMAN, BILL ☐ Delete
STREET ADDRESS 4692 PINE AIRE LANE
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE ~~HAGER, ROBERT L~~ ☒ Delete
NAME ~~823 38TH STREET~~
STREET ADDRESS ~~WEST PALM BEACH FL 33407~~
CITY-ST-ZIP

TITLE D
NAME WALKER, ROY ☐ Delete
STREET ADDRESS 5653 COCONUT RD.
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Mary Pinkerman
STREET ADDRESS 4692 Pineaire Ln
CITY-ST-ZIP West Palm Beach FL 33417

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

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

TITLE ☐ Change ☐ Addition
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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:

Mary Pinkerman 7/15/01 964-1515

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90002 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)