2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 18, 2002 8:00 am Secretary of State **DOCUMENT # 725664** 1. Entity Name 02-18-2002 90134 018 ****61.50 FREE WILL BAPTIST CHURCH OF WEST PALM BEACH FLOR Principal Place of Business Mailing Address 1065 JOG RD. 1065 JOG RD. WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 01-0120060 Not Applicable \$8.75 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PINKERMAN, BILLY 4692 PINE AIRE LANE WEST PALM BEACH FL 33417 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Paul Vandergriff 2104 So Beech Road M Change Addition PD Delete TITLE TITLE NAME PINKERMAN, BILL NAME STREET ADDRESS STREET ADDRESS **4692 PINE AIRE LANE** West Palm Beach FL 33409 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33417 **K** Change ☐ Addition TITI F Delete Pinkerman, Mary J NAME HAGER, ROBERT L 4692 Pineare Lane STREET ADDRESS STREET ADDRESS **823-38TH STREET** CITY-ST-ZIP west Palm Beach FL-33417 CITY-ST-ZIP WEST PALM BEACH FL 33407 Change Addition TITLE □ Delete NAME WALKER, ROY NAME STREET ADDRESS STREET ADDRESS 5653 COCONUT RD. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 ☐ Addition ☐ Change ☐ Delete TITLE TITLE 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TIT! F NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

561-471-3123