


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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90308 039 \*\*\*\*61.25

**DOCUMENT # 744565**

1. Entity Name  
**FAITH BIBLE CHURCH OF PALM BEACH COUNTY, INC.**



Principal Place of Business      Mailing Address

**3181 KIRK RD**      **3181 KIRK RD**  
**PO BOX 6593**      **PO BOX 6593**  
**LAKE WORTH FL 33466-6593**      **LAKE WORTH FL 33466-6593**

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 **59-1871941**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CAMPBELL, LARRY**  
**137 LONGFELLOW DR**  
**PALM SPRINGS FL 33461**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>REMCHUK, DANNY</b>	
STREET ADDRESS	<b>152 LONGFELLOW DR</b>	
CITY-ST-ZIP	<b>PALM SPRINGS FL 33461</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, LARRY</b>	
STREET ADDRESS	<b>137 LONGFELLOW DR.</b>	
CITY-ST-ZIP	<b>PALM SPGS. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNOOK, RICHARD</b>	
STREET ADDRESS	<b>7706 BLAIRWOOD CIRCLE S.</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODBERG, JEFF</b>	
STREET ADDRESS	<b>1903 N A ST</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONKLIN, MIKE</b>	
STREET ADDRESS	<b>3206 FOREST HILL BLVD #124</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, WALTER</b>	
STREET ADDRESS	<b>121 KELLER DR</b>	
CITY-ST-ZIP	<b>PALM SPRINGS FL 33461</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
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 like empowered.

SIGNATURE: *Larry Campbell* **SIGNATURE REQUIRED**      4-18-03      561-358-444

CR2E037 (10/02)