

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90040 021 ****61.25

DOCUMENT # N12106

1. Entity Name

CITY CHURCH, INC. OF WEST PALM BEACH, FLORIDA

Principal Place of Business

Mailing Address

**FAMILY WORSHIP CENTER
 365 JOG ROD
 WEST PALM BCH FL 33415
 US**

**FAMILY WORSHIP CENTER
 365 JOG RD
 WEST PALM BEACH FL 33415
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIPMAN, FREDERICK D.
 1714 BANYAN CREEK COURT
 BOYNTON BEACH FL 33436**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
PD SHIPMAN, FREDERICK D
 STREET ADDRESS **1714 BANYAN CREEK COURT**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE NAME Change Addition
Yvonne Masim - Treasurer
 STREET ADDRESS *136 B Sparrow Drive*
 CITY-ST-ZIP *RPB, FL 33411*

TITLE NAME Delete
TD CAMPANY, EDWARD
 STREET ADDRESS **1170 HATTERAS CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33413**

TITLE NAME Change Addition
Stephanie Harris, Sec.
 STREET ADDRESS *2539 Doral way*
 CITY-ST-ZIP *WPB, FL 33407*

TITLE NAME Delete
D JOSEPH, SHIRLEY
 STREET ADDRESS **1827 JOG ROAD, APT. 204**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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 another like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02
 Date

483-6633
 Daytime Phone #

CR2E037 (9/01)