

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45476

1. Entity Name

AT THE CROSS CHURCH OF GOD BY FAITH IN CHRIST, I

Principal Place of Business

912 MARTIN LUTHER KING BLVD
RIVIERA BEACH FL 33404

Mailing Address

12794 71ST PLACE NORTH
WEST PALM BEACH FL 33412-1415

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

65-0299520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ATKINSON, ALVIN R
12794 71ST PLACE NORTH
WEST PALM BEACH FL 33412-1415

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
STREET ADDRESS
CITY-ST-ZIP
DPT
ATKINSON, ALVIN R
12794 71ST PLACE NORTH
WEST PALM BEACH FL 33412-1415 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ATKINSON, CRYSTAL A
12794 71ST PLACE NORTH
WEST PALM BEACH FL 33412-1415 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, KEITH A
231 N.W. 14TH AVENUE
DELRAY BEACH FL 33444 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 all other like empowered.

SIGNATURE: *Alvin R. Atkinson* SIGNATURE REQUIRED

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90001 039 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0299520 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ATKINSON, ALVIN R
12794 71ST PLACE NORTH
WEST PALM BEACH FL 33412-1415

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
STREET ADDRESS
CITY-ST-ZIP
DPT
ATKINSON, ALVIN R
12794 71ST PLACE NORTH
WEST PALM BEACH FL 33412-1415 [] Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ATKINSON, CRYSTAL A
12794 71ST PLACE NORTH
WEST PALM BEACH FL 33412-1415 [] Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, KEITH A
231 N.W. 14TH AVENUE
DELRAY BEACH FL 33444 [] Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] 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 all other like empowered.

SIGNATURE: *Alvin R. Atkinson* SIGNATURE REQUIRED

5/1/01 561 799 8572