

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90229 018 ****61.25

DOCUMENT # N45476

1. Entity Name

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

Principal Place of Business

Mailing Address

**912 MARTIN LUTHER KING BLVD
RIVIERA BEACH FL 33404****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 Applicable5. 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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☐ Delete
NAME **ATKINSON, ALVIN R**
STREET ADDRESS **12794 71ST PLACE NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33412-1415**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVS** ☐ Delete
NAME **ATKINSON, CRYSTAL A**
STREET ADDRESS **12794 71ST PLACE NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33412-1415**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARTIN, KEITH A**
STREET ADDRESS **231 N.W. 14TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

CRYSTAL A. ATKINSON**7/2/2002 561 799 852**

CR2E037 (4/02)