

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

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90057 030 ****61.25

DOCUMENT # N45476

1. Entity Name

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



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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Alvin R. Atkinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03 *561 799 8522*
Date Daytime Phone #

CR2E037 (4/03)