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

FILED
Jun 01, 2005 8:00 am
Secretary of State
06-01-2005 90014 041 ****61.25

DOCUMENT # N98000004271

1. Entity Name

Verbo Christian Church of West Palm Beach, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4645 Gun Club Rd.	P.O. Box 17807
Suite, Apt. #, etc.: Suite 8 + 9	Suite, Apt. #, etc.
City & State: West Palm Beach	City & State: FL, West Palm Beach
Zip: 33415 Country: USA	Zip: 33416 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0852609 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Mauro Reyes

Street Address (P.O. Box Number is Not Acceptable): 2564 Deer Run Tr.

City: Loxahatchee FL Zip Code: 33470

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

FEE IS $61.25 Initial or Amended UBR	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	DP	TITLE	
NAME	Reyes, Mauro	NAME	
STREET ADDRESS	2564 Deer Run Tr.	STREET ADDRESS	
CITY-ST-ZIP	Loxahatchee, FL 33470	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	Reyes, Lourdes	NAME	
STREET ADDRESS	2564 Deer Run Tr.	STREET ADDRESS	
CITY-ST-ZIP	Loxahatchee, FL 33470	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	Thomas, Maria T.	NAME	
STREET ADDRESS	4887 Carver St.	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33463	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mauro Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #