2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 701007 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** CHRIST COMMUNITY CHURCH OF PALM SPRINGS, INC. 03-28-2000 90085 029 ****61.25 Principal Place of Business Mailing Address 153 HENTHORNE DRIVE 153 HENTHORNE DRIVE PALM SPRINGS FL 33461 PALM SPRINGS FLA 33461-2007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1760276 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 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) BAKER, DONALD E. 153 HENTHORNE DR PALM SPRING FL 33461 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) . . 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SDAME Delete ☐ Change ☐ Addition TITLE TITLE NAME ROBERTSON, REBECCA NAME STREET ADDRESS STREET ADDRESS 2606 GARDEN DR. APT. 205 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 00000 ☐ Change ■ Addition TD ☐ Delete TITLE TITLE NAME LOVE, JAMES R. NAME STREET ADDRESS STREET ADDRESS 2616 W. CARANDIS ROAD CITY-ST-ZIP CITY-ST-ZIP WEST-PALM-BCH._FL PD Delete _ _ Change _ _ Addition TITLE TITLE BAKER, DONALD E. NAME NAME STREET ADDRESS STREET ADDRESS 256 GREENBRAIR DA CITY-ST-ZIP CITY-ST-ZIP PALM SPRGS, FL 00000 Addition ۷P ☐ Change TITLE ☐ Delete TITLE VAN WYHE, WILLIAM NAME NAME STREET ADDRESS 105 LANDINGS BLVD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP W PALM BCH FL 33413 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 effect in the proposed of the corporation of the receiver of trustee empowered.