

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90031 005 ****70.00

DOCUMENT # 701944

1. Entity Name

BELVEDERE BAPTIST CHURCH INC

Principal Place of Business 301 CHERRY ROAD W PALM BEACH FL 33409	Mailing Address 301 CHERRY ROAD W PALM BEACH FL 33409-6250
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 Cherry Rd.	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State West Palm Beach, Fl 33409	City & State
Zip 33409	Country USA

4. FEI Number 59-0910343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VOLCY, GASPARD 3473 NOKOMIS AVE WEST PALM BEACH FL 33409	7. Name and Address of New Registered Agent Name GASPARD VOLCY Street Address (P.O. Box Number is Not Acceptable) 2333 CLUBHOUSE DRIVE City WEST PALM BCH, FL Zip Code 33409
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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: *X GASPARD VOLCY* *Gaspard Volcy* *4/19/00*
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLCY, GASPARD 3473 NOKOMIS AVE WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VOLCY, GASPARD 2333 CLUBHOUSE DR. WEST PALM BCH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SIGGINS, MR. BRUCE 2030 NORMANDY CIR. WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BATES, MR. AUSTIN 2931 MELALEUCA DR. WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GRANT, MR. ALVIN 507 HURON PLACE WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X GASPARD VOLCY* *4/19/00* *(561) 683-2636*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)