

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0050149

DOCUMENT # 701944

1. Entity Name

BELVEDERE BAPTIST CHURCH INC

04-10-2001 90053 042 ****70.00

Principal Place of Business

Mailing Address

**301 CHERRY ROAD
 W PALM BEACH FL 33409
 US**

**301 CHERRY ROAD
 W PALM BEACH FL 33409**

941609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0910343

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

**VOLCY, GASPARD
 2333 CLUBHOUSE DRIVE
 WEST PALM BEACH FL 33409**

Name

Carlos Guvetis

Street Address (P.O. Box Number is Not Acceptable)

13803 82nd Street North

City

West Palm Bch,

FL

Zip Code

33412

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-01

**FILE NOW:
 FEE IS \$61.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VOLCY, GASPARD	
STREET ADDRESS	2333 CLUBHOUSE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SIGGINS, MR. BRUCE	
STREET ADDRESS	2030 NORMANDY CIR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BATES, MR. AUSTIN	
STREET ADDRESS	2931 MELALEUCA DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GRANT, MR. ALVIN	
STREET ADDRESS	507 HURON PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Guvetis	
STREET ADDRESS	13803 82nd Street North	
CITY-ST-ZIP	West Palm Bch, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos Guvetis* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

561-683-2636

Daytime Phone #

CR2E037 (10/00)