

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90068 042 \*\*\*\*70.00

**DOCUMENT # 704195**

1. Entity Name

**COMMUNITY BAPTIST CHURCH OF PALM BEACH GARDENS,**

Principal Place of Business

Mailing Address

**BEACH GARDENS INC  
596 HOLLY DRIVE  
PALM BEACH GARDENS FL 33410****BEACH GARDENS INC  
596 HOLLY DRIVE  
PALM BEACH GARDENS FL 33410-4874**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0075460**

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

**SWAN, SHERMAN W.  
596 HOLLY DRIVE  
PALM BEACH GARDENS FL 33410**

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.

SIGNATURE

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. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SWAN, LAWRENCE W  
126 SO. 8TH STREET  
BROOKLYN NY 11211**TITLE ☐ Delete**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SWAN, DOROTHY L  
596 HOLLY DR  
PALM BCH GRDNS., FL00000**TITLE ☐ Delete**PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SWAN, REV SHERMAN W  
596 HOLLY DR  
PALM BCH GRDNS., FL00000**TITLE ☐ Delete**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LUCKEY, BETTY W  
1903 S.W. 3RD AVENUE  
OKEECHOBEE FL 34974**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 ☐ Delete**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Change ☐ Delete**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Change ☐ Delete**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Change ☐ Delete**NAME  
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CITY-ST-ZIP**TITLE ☐ Change ☐ Delete**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ Change ☐ Delete**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:

**Sherman W. Swan** 1/6/00 561/622-4993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #