2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

BEACH GARDENS INC

DOCUMENT # 704195

1. Entity Name

Principal Place of Business

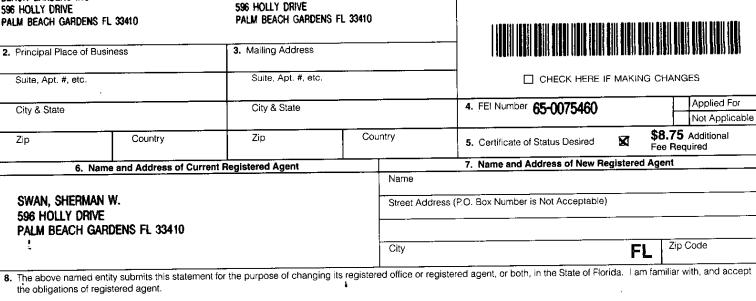
BEACH GARDENS INC

COMMUNITY BAPTIST CHURCH OF PALM BEACH GARDENS.



FILED Jan 06, 2003 8:00 am **Secretary of State**

01-06-2003 90055 025 ****70.00



SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change ☐ Delete TITLE TITLE NAME SWAN, LAWRENCE W NAME STREET ADDRESS 175 CONSELYEA STREET APT 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKLYN NY 11211** ☐ Addition ☐ Change ☐ Delete TITLE SWAN, DOROTHY L NAME NAME STREET ADDRESS 596 HOLLY DR STREET ADDRESS CITY-ST-ZIP PALM BCH GRDNS., FL00000 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE SWAN, REV SHERMAN W NAME NAME STREET ADDRESS 596 HOLLY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GRDNS., FL00000 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LUCKEY, BETTY W NAME STREET ADDRESS 1903 S.W. 3RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SODERSTOM, SHERYL LUCKEY NAME STREET ADDRESS 5045 WEST SECOND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

CITY-ST-7IP

SIGNATURE:

Rev. Sherman W. Swan 596 Holly Dr alm Reh

1/3/03 561-632-4993

Date Devire Phone *