

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

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

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

DOCUMENT # 704195

1. Entity Name

COMMUNITY BAPTIST CHURCH OF PALM BEACH GARDENS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0075460**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SWAN, LAWRENCE W	
STREET ADDRESS	175 CONSELYEA STREET APT 1	
CITY-ST-ZIP	BROOKLYN NY 11211	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAN, DOROTHY L	
STREET ADDRESS	596 HOLLY DR	
CITY-ST-ZIP	PALM BCH GRDNS., FL00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWAN, REV SHERMAN W	
STREET ADDRESS	596 HOLLY DR	
CITY-ST-ZIP	PALM BCH GRDNS., FL00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCKEY, BETTY W	
STREET ADDRESS	1903 S.W. 3RD AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	SODERSTOM, SHERYL LUCKEY	
STREET ADDRESS	5045 WEST SECOND STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

SHERMAN W. SWAN

Rev. Sherman W. Swan
596 Holly Dr
Palm Bch Gdns FL 33410

1/3/03 561-622-4993

CR2E037 (10/02)