## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # 705341 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name BIBLETOWN COMMUNITY CHURCH, INC. 04-21-2000 90109 004 \*\*\*\*70.00 Principal Place of Business Mailing Address P O BOX A 600 NW 4TH AVENUE **BOCA RATON FL 33429-0016 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-0766965 Not Applicable Zip Country **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_ DALE MADDOX Street Address (PA7Box Number is Not Acc **GILES ART** 470 NW 4TH AVE **BOCA RATON FL 33432** City <sup>Zi</sup>33432 BOCA RATON 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. April 12, 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition PD TITLE TITLE ☐ Delete NAME BARBAR, ANTHONY NAME STREET ADDRESS STREET ADDRESS 470 N W 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 0** Change ☐ Addition ☐ Delete TITLE TITLE NAME MADDOX, DALE GILES. ART NAME STREET ADDRESS STREET ADDRESS 470 NW 4TH AVENUE 470 N W 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 0** BOCA RATON, FL 33432 Change --- Addition -Tift E IIILE ۷Đ Delete ATKINSON, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 470 NW 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Change TITLE ☐ Delete NAME CAMERON, JOHN R NAME STREET ADDRESS STREET ADDRESS 470 NW 4TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE COTTON, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 470 NW 4TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Dale Maddox

4/12/00 (561)395-2400