2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90148 025 ****70.00

DOCUMENT # 705341

1. Entity Name

BIBLETOWN COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
601 NW 4TH AVENUE BOCA RATON FL 33432 US	P O BOX A BOCA RATON FL 33429-016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
470 NW 4th Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0766965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MADDOX, DALE
470 NW 4TH AVE
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: MARY LOU BAULO
Street Address (P.O. Box Number is Not Acceptable): 470 NW 4th AVENUE
City: BOCA RATON **FL** Zip Code: 33432

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: Mary Lou Baulo
Signature, typed or printed name of registered agent and title if applicable. Mary Lou Baulo, Controller
(NOTE: Registered Agent signature required when reinstating) DATE: 4/13/02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MITCH, RAYMOND 470 N W 4TH AVENUE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MITCHELL, WILLIAM 470 NW 4TH AVENUE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARLEN, DANIEL 470 NW 4TH AVE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KARRAM, KARY 470 NW 4TH AVENUE BOCA RATON FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KARRAM, KARY 470 NW 4TH AVE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MONTGOMERY, MARK 470 NW 4TH AVENUE BOCA RATON FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Raymond Mitch 4/13/02 (561)395-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #