## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 705341** 

Entity Name: BIBLETOWN COMMUNITY CHURCH, INC.

FILED Apr 25, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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601 NW 4TH AVENUE BOCA RATON, FL 33432 US

Current Mailing Address: New Mailing Address:

P O BOX A BOCA RATON, FL 33429016 US

FEI Number: 59-0766965 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAULO, MARY LOU 470 NW 4TH AVE BOCA RATON, FL 33432 US

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MITCH, RAYMOND
 Name:
 MITCHELL, WILLIAM JR

 Address:
 470 N W 4TH AVENUE
 Address:
 470 N W 4TH AVENUE

 City-St-Zip:
 BOCA RATON, FL
 33432

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 MITCHELL, WILLIAM
 Name:
 STOKKE, ORTON DR

 Address:
 470 NW 4TH AVENUE
 Address:
 470 NW 4TH AVENUE

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:
 BOCA RATON, FL
 33432

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf (\ )\ Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)\ Change\ (\ )\ Addition}$ 

 Name:
 MONTGOMERY, MARK
 Name:
 MONTGOMERY, MARK

 Address:
 470 NW 4TH AVE
 Address:
 470 NW 4TH AVE

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:
 BOCA RATON, FL
 33432

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 KARRAM, KARY
 Name:
 WHITE, CHUCK

 Address:
 470 NW 4TH AVE
 470 NW 4TH AVE

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:
 BOCA RATON, FL
 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MITCHELL JR PD 04/25/2003