

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705616

1. Entity Name

FIRST CHRISTIAN CHURCH OF WEST PALM BEACH, INCOR

Principal Place of Business

215 SOUTH CONGRESS AVE
WEST PALM BEACH FL 33409
US

Mailing Address

215 SOUTH CONGRESS
WEST PALM BEACH FL 33409-3823
US

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

59-6187790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENN D. KELLEY
886 FOREST GLEN LANE
WEST PALM BEACH FL 33414

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME SCOTT, CHARLOTTE
STREET ADDRESS 2937 CHICKAMAUGA AVE
CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Delete

☐ Change ☐ Addition

T
NAME BRANCH, CHARLES
STREET ADDRESS 418 26TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☒ Delete

T
NAME Hertel, Andrew
STREET ADDRESS 8541 - 7th Place South
CITY-ST-ZIP West Palm Beach, FL 33411 ☒ Change ☐ Addition

DC
NAME MAZZA, THOMAS
STREET ADDRESS 110 LAKE HELEN DR.
CITY-ST-ZIP W. PALM BCH. FL 33411 ☒ Delete

DC
NAME Branch, Lynn
STREET ADDRESS 418 - 26th Street
CITY-ST-ZIP West Palm Beach, FL 33407 ☒ Change ☐ Addition

PT
NAME GROELLE, BOB
STREET ADDRESS 879 LEMONGRASS LN
CITY-ST-ZIP WEST PALM BCH FL 33414 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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

Lynn C. Branch

4/26/00 (561) 655-4463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE