2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91779 034 ****61.25

0032944

DOCUMENT # 705616

1. Entity Name

FIRST CHRISTIAN CHURCH OF WEST PALM BEACH, INCOR PORATED

Principal Place of Business	Mailing Address
215 SOUTH CONGRESS AVE WEST PALM BEACH FL 33409 US	215 SOUTH CONGRESS WEST PALM BEACH FL 33409 US

DO NOT WRITE IN THIS SPACE

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOTT, CHARLOTTE 2937 CHICKAMAUGA AVE W PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 325 EXECUTIVE CENTER DR. #308D WEST PALM BEACH, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GROELLE, BOB 879 LEMONGRASS LN WEST PALM BCH FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERTEL, ANDREW 8541 7TH PLACE SO WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRANCH, C MERRILL 5200 NO FLAGLER DR #404 WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~SHUMATE, CASSANDRA B~~ ~~13794 51ST PLACE NORTH~~ ~~WEST PALM BEACH FL 33411~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOMER, ROSALYND C. 2924 VIA PALMA LAKE WORTH, FL 33461 ☐ 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 R.C. Homer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002 (561) 683-8811
Date Daytime Phone #