

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2003 8:00 am**  
**Secretary of State**

07-02-2003 90009 029 \*\*\*\*61.25

**DOCUMENT # 705616**

1. Entity Name

**FIRST CHRISTIAN CHURCH OF WEST PALM BEACH, INCORPORATED**



Principal Place of Business

**215 SOUTH CONGRESS AVE  
WEST PALM BEACH FL 33409  
US**

Mailing Address

**215 SOUTH CONGRESS  
WEST PALM BEACH FL 33409  
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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SCOTT, CHARLOTTE**  
CITY-ST-ZIP **325 EXECUTIVE CENTER DRIVE #308D  
WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **HERTEL, ANDREW**  
CITY-ST-ZIP **8541 7TH PLACE SO  
WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BRANCH, C MERRILL**  
CITY-ST-ZIP **5200 NO FLAGLER DR #404  
WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SHUMATE, CASSANDRA B**  
CITY-ST-ZIP **13794 51ST PLACE NORTH  
WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T** **ROSALYN C.**  
STREET ADDRESS **HOMER, ROSALYN C**  
CITY-ST-ZIP **2924 VIA PALMA  
LAKE WORTH FL 33461**

TITLE ☐ Change ☐ Addition  
NAME **HOMER, ROSALYN C**  
STREET ADDRESS  
CITY-ST-ZIP

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 *[Signature]*

**(561) 683-8811**

CR2E037 (10/02)