

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706678

1. Entity Name

FIRST BAPTIST CHURCH OF WEST PALM BEACH, FLORIDA

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90027 033 ****70.00

Principal Place of Business

Mailing Address

1101 S. FLAGLER DR
 WEST PALM BEACH FL 33401

1101 S. FLAGLER DR
 WEST PALM BEACH FLA 33401-6501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0725538

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, H LAURENCE JR
2760 MEADOWLARK LANE
WEST PALM BEACH, FLORIDA
33405

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	PD	<input type="checkbox"/> Delete
NAME	KRAUSE, RICHARD	
STREET ADDRESS	1679 BREAKERS WEST BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NELSON, LARRY	
STREET ADDRESS	7000 OKECHOBEE BLVD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES P	
STREET ADDRESS	1536 BREAKERS WEST BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CATER, JOHN J	
STREET ADDRESS	2649 TECUMSEH DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EASSA, JACK J.	
STREET ADDRESS	2640 KITTBUCK WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JAMES P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1536 BREAKERS WEST BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 650-7400 x 711

CR2E037 (9/99)