

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90204 038 ****70.00

DOCUMENT # 706678

1. Entity Name
FIRST BAPTIST CHURCH OF WEST PALM BEACH, FLORIDA



Principal Place of Business
1101 S. FLAGLER DR
WEST PALM BEACH FL 33401

Mailing Address
1101 S. FLAGLER DR
WEST PALM BEACH FL 33401

90024852



CHECK HERE IF MAKING CHANGES

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**

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 FL 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. 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 PD Delete
NAME **KRAUSE, RICHARD**
STREET ADDRESS **1679 BREAKERS WEST BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD Delete
NAME **NELSON, LARRY**
STREET ADDRESS **14102 MICOSUKEE TRAIL**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME **CATER, JOHN J**
STREET ADDRESS **2649 TECUMSEH DR**
CITY-ST-ZIP **W PALM BCH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME **EASSA, JACK J.**
STREET ADDRESS **2640 KITTBUCK WAY**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP-D** Change Addition
NAME **Robert Fogleman**
STREET ADDRESS **7911 West Lake Drive**
CITY-ST-ZIP **WPB, FL 33406**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP-D** Change Addition
NAME **Jon Dickinson**
STREET ADDRESS **9200 Paragon Way**
CITY-ST-ZIP **Boynton Beach, FL 33437**

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

Date

Daytime Phone #

2/10/03 (561) 650-7400

CR2E037 (10/02)