2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 27, 2001 8:00 am Secretary of State DOCUMENT # 706818 1. Entity Name PALM BEACH LAKES CHURCH OF CHRIST, INC. 06-27-2001 90290 010 ****61.25 Principal Place of Business Mailing Address 4067 LEO LANE 4067 LEO LANE PALM BEACH GARDENS. FL PALM BEACH GARDENS, FL 33410-6401 33410-6401 772691 2. Principal Place of Business 4067 LEO LANE 3. Mailing Address 4067 LEO LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1171830 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ~7.-Name and Address of New Registered Agent... _... Name JENKINS. DAN 4067 LEO LANE Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410-6401 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to a \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SecTre, Elder ☐ Addition TITLE ☐ Change TITHE ☐ Delete HOLLAND, JOE D. NAME NAME 11701 LAKE SHORE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH, FL 33408 Pre, .Elder ☐ Change ☐ Addition TITLE Delete TITLE NAME DAVIS, JOHNNY B. NAME STREET ADDRESS 4376 COLLETTE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33469 -☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME Hopkins, Jerry STREET ADDRESS STREET ADDRESS 2641 GATELY DR., W #102 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33415 Addition ☐ Delete TITLE ☐ Change TITLE /PET BRONSON, STANLEY STREET ADDRESS STREET ADDRESS 1530 WOODDALE TERRACE CITY-ST-ZIP CITY-ST-ZIP IELLINGTON, FL 33414 Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Treas, Elder

SIGNATURE:

Sed PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-01

561 626-2809

Daytime Phone #