

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90188 021 ****61.25

DOCUMENT # 710650

1. Entity Name

CHURCH IN THE GARDENS, INC.

Principal Place of Business

Mailing Address

**3937 HOLLY DRIVE
 PALM BEACH GARDENS FL 33410**

**3937 HOLLY DRIVE
 PALM BEACH GARDENS FL 33410**

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

59-2406915

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

**SEMPSCOTT, REV. GREG
 3937 HOLLY DRIVE
 10120 DOGWOOD AVENUE (HOME ADDRESS)
 PALM BEACH GARDENS FL 33410**

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 **D** ☐ Delete
 NAME **KING, GREG**
 STREET ADDRESS **10356 SANDY RUN RD**
 CITY-ST-ZIP **JUPITER FL 33478**

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

TITLE **DP** ☐ Delete
 NAME **SEMPSCOTT, GREG**
 STREET ADDRESS **10120 DOGWOOD AVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE **D** ☐ Delete
 NAME **WALLIN, RANDALL C**
 STREET ADDRESS **136 HAMPTON CIRCLE**
 CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE **DT** ☐ Delete
 NAME **BALDWIN, CARY**
 STREET ADDRESS **10181 DAHLIA AVE**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **BALDWIN, CARY**
 STREET ADDRESS **3870 DAPHNE AVE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DP** ☐ Delete
 NAME **BEESON, FRED V**
 STREET ADDRESS **6126 WOODCREEK CT**
 CITY-ST-ZIP **JUPITER FL**

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

TITLE **D** ☐ Delete
 NAME **PHELPS, DELORES**
 STREET ADDRESS **16337 TWO WOOD WAY**
 CITY-ST-ZIP **INDIANTOWN FL**

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (SG) 6224310

Date

Daytime Phone #

CR2E037 (10/00)