2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712171

1. Entity Name

PALM SPRINGS BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3300 TENTH AVENUE NORTH PALM SPRINGS FL 33461

3300 TENTH AVENUE NORTH

PALM SPRINGS FL 33461

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc."

City & State

DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number 59-1101710 Zip Country Country

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

ENGLERT, RICHARD J JR **5254 CHELAN COVE** LAKE WORTH FL 33467

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

 $\{p_{i,j}, \dots, p_{i,j}\}$ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete STORY, CURTIS ` NAME NAME STREET ADDRESS STREET ADDRESS 456 GULFSTREAM RD CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete TITLE ☐ Change ☐ Addition TITLE MANESS, DAN NAME NAME STREET ADDRESS STREET ADDRESS 1318 TRADEWINDS WAY CITY-ST-ZIP. CITY-ST-ZIP--L'ANTANA FL 33462 -SDT ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STAMEY, JOHN STREET ADDRESS STREET ADDRESS 206 OHIO RD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 TITLE ☐ Change ☐ Addition TITLE ☐ Oelete EVANS, WILLIAM A NAME NAME STREET ADDRESS 213 RUSSELL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trusted 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 most received to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if