

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725762

1. Entity Name

WEST SIDE BAPTIST CHURCH OF WEST PALM BEACH, INC

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90265 016 ****70.00

Principal Place of Business

200 ROYAL PALM BCH BLVD
 ROYAL PALM BCH FL 33411
 US

Mailing Address

4235 S LANDAR DR
 LK WORTH FL 33463-8909
 US

2. Principal Place of Business

660 Royal Palm Beach Blvd
 Suite, Apt. #, etc.

3. Mailing Address

4235 S Landar Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Royal Palm Beach, FL
 Zip 33411 Country US

City & State
 Lake Worth, FL
 Zip 33463 Country US

4. FEI Number
 59-2221534

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARRY MYERS
 5710 COCONUT RD
 WEST PALM BCH FL 33413

7. Name and Address of New Registered Agent

Name Tony Luffman
 Street Address (P.O. Box Number is Not Acceptable)
 13356 48th Ct N
 City Royal Palm Beach FL Zip Code 33411

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 *Tony Luffman*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LARRY MYERS	
STREET ADDRESS	5710 COCONUT RD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVETTE, BILL	
STREET ADDRESS	P O BOX 1312 N/A	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-1312	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LUFFMAN, TONY	
STREET ADDRESS	9059 BANQUET WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLYDE TINDALE	
STREET ADDRESS	390 67TH ST	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Tony Luffman* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)