

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725762

1. Entity Name

WEST SIDE BAPTIST CHURCH OF WEST PALM BEACH, INC

Principal Place of Business

660 ROYAL PALM BEACH BLVD
ROYAL PALM BCH FL 33411
US

Mailing Address

4235 S LANDAR DR
LAKE WORTH FL 33463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Royal Palm Beach FL

Zip

Country

Zip
33411 Country
Palm Beach

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

7. Name and Address of New Registered Agent

LUFFMAN, TONY
13358 48TH CT N
ROYAL PALM BEACH FL 33411

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

Tony Luffman

8/13/01

Signature, typed or printed name of registered agent, and Date if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

FILE NOW: FEE IS \$81.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	
NAME	PREVETTE, BILL	NAME	
STREET ADDRESS	P O BOX 1312 N/A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-1312	CITY-ST-ZIP	
TITLE	DI	TITLE	Deacon/Trustee
NAME	LUFFMAN, TONY	NAME	Luffman Tony
STREET ADDRESS	9050 BANQUET WAY	STREET ADDRESS	13358 48TH CT N
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	Royal Palm Beach, FL
TITLE	D	TITLE	
NAME	CLYDE TINDALE	NAME	
STREET ADDRESS	390 87TH ST	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	CITY-ST-ZIP	
TITLE	P	TITLE	P
NAME	PASTOR JEREMY HURD	NAME	JEREMY HURD / PASTOR
STREET ADDRESS	4150 SEA MIST WAY	STREET ADDRESS	4150 SEA MIST WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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.

SIGNATURE:

SIGNATURE REQUIRED

8/13/01

(561) 753-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -3 PM 3:47

12578

DO NOT WRITE IN THIS SPACE

CP25037 (5/01)