

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 731744**

1. Entity Name  
 THE CHURCH IN BOCA RATON, INC.

Principal Place of Business 240 W. PALMETTO PARK RD. 200 BOCA RATON 33432	FL	Mailing Address 240 W. PALMETTO PARK RD. 200 BOCA RATON 33432	FL
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2. Principal Place of Business 4983 COVEY TRAIL.	3. Mailing Address 2 CASTON WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOYNTON BEACH FL
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Zip 33487	Country US	Zip 33426	Country US
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4. FEI Number <b>59-1618265</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

LAVIANO VINCENT R  
 628 SW 18 AVE.  
 BOCA RATON FL  
 33486 US

**7. Name and Address of New Registered Agent**

Name  
 GUTIERREZ RADAME  
 Street Address (P.O. Box Number is Not Acceptable)  
 2 CASTON WAY  
 City  
 BOYNTON BEACH FL Zip Code  
 33426

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 **RADAME GUTIERREZ**

**05/01/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTIERREZ RADAME 2 CASTON WAY BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AVRUS, STEVE 751 N.W. 7TH DR. BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OGAMDI SIMON 4983 COVEY TRAIL BOCA RATON FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAVIANO, VINCENT 628 SW 18TH AVE. BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POCKHAI MICHEAL 3962 WESTCHESTER WAY BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRERO, ERNESTO 21453 SUMMERTRACE CIRCLE BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUTIERREZ RADAME 2 CASTON WAY BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGAMDI, SIMON 4983 COVEY TRAIL BOCA RATON FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Radame Gutierrez VPD 05/01/2001

CR2E037 (11/00)