

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737067

1. Entity Name

EVANGEL BAPTIST CHURCH OF BOCA RATON, FLORIDA, I

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90011 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7500 E COUNTRY CLUB BLVD.  
BOCA RATON FL 33487-1542  
US

7500 E COUNTRY CLUB BLVD.  
BOCA RATON FL 33487-1542  
US

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

59-6610757

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

PANKRATZ, BEATRICE  
1401 OCEAN BLVD.  
POMPANO BEACH FL 33487

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 ☐ Delete  
NAME **S**  
STREET ADDRESS **FOSTER, DOROTHY**  
CITY-ST-ZIP **5340 N.W. 2ND AVE, APT. 224**  
**BOCA RATON FL 33487**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **BATEK, JOYCE**  
CITY-ST-ZIP **2720 SW 22ND AVE**  
**DELRAY BCH FL**

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

TITLE ☐ Delete  
NAME **MD**  
STREET ADDRESS **KEENER, DARRELL**  
CITY-ST-ZIP **200 N.W. 8TH ST**  
**BOCA RATON FL 33432**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **BATEK, JOYCE**  
CITY-ST-ZIP **2720 S.W. 22ND AVENUE**  
**DELRAY BCH. FL**

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

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **PANKRATZ, HERBERT**  
CITY-ST-ZIP **1401 . OCEAN BLVD.**  
**POMPANO BEACH FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-2000

Date

561-278-2035

Daytime Phone #

CR2E037 (9/99)