

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90285 048 ****61.25

DOCUMENT # 744565

1. Entity Name

FAITH BIBLE CHURCH OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

3181 KIRK RD
 PO BOX 6593
 LAKE WORTH FL 33466-6593

3181 KIRK RD
 PO BOX 6593
 LAKE WORTH FL 33466-6593

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

59-1871941

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

CAMPBELL, LARRY
137 LONGFELLOW DR
PALM SPRINGS FL 33461

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 **PO** ☐ Delete
 NAME **EDGAR, T A**
 STREET ADDRESS **3181 KIRK RD**
 CITY-ST-ZIP **LAKE WORTH FL 33466**

TITLE **D** ☐ Change ☒ Addition
 NAME **Clarke, Bevan**
 STREET ADDRESS **2848 Ashley Dr. E.**
 CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE **TD** ☐ Delete
 NAME **CAMPBELL, LARRY**
 STREET ADDRESS **137 LONGFELLOW DR.**
 CITY-ST-ZIP **PALM SPGS. FL**

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

TITLE **D** ☐ Delete
 NAME **SNOOK, RICHARD**
 STREET ADDRESS **7706 BLAIRWOOD CIRCLE S.**
 CITY-ST-ZIP **LAKE WORTH 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

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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:

Lawrence B. Campbell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

561-964-1775