

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744565

FILED
Jan 18, 2004
Secretary of State**Entity Name:** FAITH BIBLE CHURCH OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**3181 KIRK RD
PO BOX 6593
LAKE WORTH, FL 334666593**New Principal Place of Business:**3181 KIRK RD
LAKE WORTH, FL 33461 US**Current Mailing Address:**3181 KIRK RD
PO BOX 6593
LAKE WORTH, FL 334666593**New Mailing Address:**PO BOX 6593
LAKE WORTH, FL 334666593 US**FEI Number:** 59-1871941**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CAMPBELL, LARRY
137 LONGFELLOW DR
PALM SPRINGS, FL 33461 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: REMCHUK, DANNY
Address: 152 LONGFELLOW DR
City-St-Zip: PALM SPRINGS, FL 33461**Title:** TD () Delete
Name: CAMPBELL, LARRY,
Address: 137 LONGFELLOW DR.
City-St-Zip: PALM SPGS., FL**Title:** D () Delete
Name: SNOOK, RICHARD
Address: 7706 BLAIRWOOD CIRCLE S.
City-St-Zip: LAKE WORTH, FL**Title:** D () Delete
Name: RODBERG, JEFF
Address: 1903 N A ST
City-St-Zip: LAKE WORTH, FL 33460**Title:** D () Delete
Name: CONKLIN, MIKE
Address: 3206 FOREST HILL BLVD #124
City-St-Zip: WEST PALM BEACH, FL 33406**Title:** D () Delete
Name: CAMPBELL, WALTER
Address: 121 KELLER DR
City-St-Zip: PALM SPRINGS, FL 33461**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PDT (X) Change () Addition
Name: CAMPBELL, LARRY
Address: 137 LONGFELLOW DR.
City-St-Zip: PALM SPRINGS, FL 33461**Title:** D (X) Change () Addition
Name: REMCHUK, DANIEL C
Address: 152 LONGFELLOW DR.
City-St-Zip: PALM SPRINGS, FL 334612034**Title:** D (X) Change () Addition
Name: SNOOK, RICHARD
Address: 7706 BLAIRWOOD CIRCLE S.
City-St-Zip: LAKE WORTH, FL 33467**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: CONKLIN, MIKE
Address: 271 BONNIE BLVD. #217
City-St-Zip: PALM SPRINGS, FL 33461**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY CAMPBELL

PDT

01/18/2004

Electronic Signature of Signing Officer or Director_____
Date