2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am § Secretary of State **DOCUMENT # 749654** 1. Entity Name 05-02-2002 90032 039 ****61.25 FIRST BAPTIST CHURCH OF PALM BEACH GARDENS, INC. Principal Place of Business Mailing Address 11980 ALTERNATE A1A 11980 ALTERNATE A1A XALX6L PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1944389 Not Applicable ينه مدين ياZip Country Country \$8.75 Additional 5. Certificate:of Status:Desired~ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARTER, ROBERT 11980 ALTERNATE A1A PALM-BEACH GARDENS FL 33410 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD TITLE ☐ Delete TITLE CR2E037 (9/01) ☐ Addition NAME SMALL, HOWARD NAME 11980 ALTERNATE A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition CARTER, ROBERT NAME NAME STREET ADDRESS 11980 ALTERNATE A1A STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP VD TITLE X Delete TITLE ☐ Change ★ Addition Melanson, Edward Palm Beach Gardens, SHAFFER, RONALD NAME FL33410 STREET ADDRESS 11980 ALTERNATE A1A STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

with all other like empowered. THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/17/02 561-842-0586

, changed, or on an attachment with an address

In 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 for 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