

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90042 039 \*\*\*\*61.25

**DOCUMENT # 757460**

1. Entity Name

**WESTSIDE ALLIANCE CHURCH OF WEST PALM BEACH, INC**

Principal Place of Business

Mailing Address

**2385 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409****PO BOX 15633  
WEST PALM BCH FL 33416-5633  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2346850**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RICHERT, GEORGE E  
736 ELAINE RD  
WEST PALM BEACH FL 33413**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WADE, CHARLES W.</b> <b>305 WOODLAWN DRIVE</b> <b>TOCCOA GA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>George E. Richert</b> <b>736 Elaine Road</b> <b>West Palm Beach, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RICHERT, GEORGE E</b> <b>736 ELAINE RD</b> <b>WEST PALM BCH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Jesse Lewis</b> <b>3970 Pensacola Dr</b> <b>Lantana, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHOAF, PAUL D</b> <b>2662 N OLD MILITARY TR</b> <b>WEST PALM BCH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Joseph Stanley</b> <b>5940 Strawberry Lakes Cr</b> <b>Lake Worth, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LEWIS, JESSE W.</b> <b>3970 PENSACOLA DR</b> <b>LANTANA FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I/D</b> <b>Timothy Steinman</b> <b>4718 Bimini Lane</b> <b>West Palm Beach, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JOSEPHSON, HANS L</b> <b>2055 E CAROL CR</b> <b>WEST PALM BCH FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>Arthur Cavanaugh</b> <b>6031 Fair Green Rd</b> <b>West Palm Beach, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(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.

George E. Richert

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/00**

Date

**561-686-6452**

Daytime Phone #

CR2E037 (9/99)