

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90170 011 ****61.25

DOCUMENT # 757460

1. Entity Name

**WESTSIDE ALLIANCE CHURCH OF WEST PALM BEACH, INC
., OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF**

Principal Place of Business

Mailing Address

**2385-N-MILITARY TRAIL
WEST PALM BEACH FL 33409**

**PO BOX 15633
WEST PALM BCH FL 33416
US**

2. Principal Place of Business

1815 FOREST HILL BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

59-2346850

Applied For

Not Applicable

Zip

Country

Zip

Country

33406

FL

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

George E. Richter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-02

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 **PD** ☐ Delete
NAME **RICHERT, GEORGE E**
STREET ADDRESS **736 ELAINE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **VD** ☐ Delete
NAME **LEWIS, JESSE**
STREET ADDRESS **3970 PENSACOLA DR**
CITY-ST-ZIP **LANTANA FL**

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

TITLE **S** ☐ Delete
NAME **STANLEY, JOSEPH**
STREET ADDRESS **5940 STRAWBERRY LAKES CR**
CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE **TD** ☐ Delete
NAME **STEINMAN, TIMOTHY**
STREET ADDRESS **4718 BIMINI LN**
CITY-ST-ZIP **WEST PALM BCH FL**

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

TITLE **CD** ☐ Delete
NAME **CAVANAUGH, ARTHUR**
STREET ADDRESS **6031 FAIR GREEN RD**
CITY-ST-ZIP **WEST PALM BCH 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:

George E. Richter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 561-686-6452

Date Daytime Phone #

0453/51

CR2E037 (9/01)