

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90140 048 ****61.25

DOCUMENT # 763600

1. Entity Name

**WORD OF LIFE CHRISTIAN CENTER OF PALM BEACH COUN
 TY, INCORPORATED**

Principal Place of Business

Mailing Address

11170 THYME DRIVE

PALM BEACH GARDENS FL 33418

11170 THYME DR

PALM BEACH GARDENS FL 33418

US

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

59-2196329

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

BUTDORF, CAROL

11170 THYME DR

PALM BEACH GARDENS FL 33418

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 **PD** ☐ Delete
 NAME **BUTDORF, DONALD E**
 STREET ADDRESS **11170 THYME DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **TD** ☐ Delete
 NAME **BUTDORF, KENNETH A**
 STREET ADDRESS **2540 LONE PINE RD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **TD** ☒ Change ☐ Addition
 NAME **BUTDORF, KENNETH A**
 STREET ADDRESS **810 VERNON STREET**
 CITY-ST-ZIP **SIKESTON MO 63801**

TITLE **VSD** ☐ Delete
 NAME **BUTDORF, CAROL**
 STREET ADDRESS **11170 THYME DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE ☐ Delete
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 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:

Donald E. Butdorf **PEDONARDE E. BUTDORF, PD 4-15-02 (561) 624-0011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)