2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767999

1. Entity Name



05-07-2003 90146 050 ****61.25

FILED

May 07, 2003 8:00 am § Secretary of State

INC.	PHESBYTERIAN & HEFURMED U	OVENANT CHURCE	The state of the s				
110 PARK STREET 1		ailing Address O PARK STREET IPITER FL 33458					
2. Principal P	Place of Business 3.	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59	4. FEI Number 59-2290150 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	ditional
	6. Name and Address of Current Regis	tered Agent		7. Name and Addr	ess of New Registered	Agent	
			Name				
	ONALD D.		-Street Addr	ess (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)		
9363 WHIPPOORWILL TRAIL							
JUPITER	FL 33478						
			City		Fl	Zip Cod	e
the colligat	ions of registered agent. Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25		Trust Fund Con	9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTO	DRS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	FD BULL, RONALD D 9363 WHIPPOORWILL TRAIL JUPITER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POUMAKIS, ELEUTHERE 13344 TOUCH STONE COURT PALM BEACH GARDENS EE 33418	Delete	NAME STREET ADDRESS	PD Had R. Bull 363 whiffo Upiter FL 3:	brwill tr	☐ Change	⊠ Addition
TITLE NAME, STREET ADDRESS CITY-ST-ZIP	STD BERESFORD, THOMAS 12328 86TH RD., N. WEST PALM BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· equipment	☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	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.

CITY-ST-ZiP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

☐ Change

Addition

Addition