

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90448 013 \*\*\*\*61.25

**DOCUMENT # N00000000534**

1. Entity Name

**LIVING FAITH CHURCH OF PALM BEACH, INC.**

Principal Place of Business

**1949 HARTFORD COURT  
 WEST PALM BEACH FL 33409**

Mailing Address

**1949 HARTFORD COURT  
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEI Number

**65-0975673**

Applied For

☒ Yes ☐ No

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **PATTY CALLAN MCCOY**

Street Address (P.O. Box Number is Not Acceptable)

**1949 HARTFORD COURT  
 WEST PALM BEACH FL**

City

**FL**

Zip Code

**33409**

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

TITLE **PD** ☐ Delete  
 NAME **MCCOY, JOHN**  
 STREET ADDRESS **1949 HARTFORD COURT**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **STD** ☐ Delete  
 NAME **CALLAN, PATTY**  
 STREET ADDRESS **1949 HARTFORD COURT**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **VD** ☐ Delete  
 NAME **ENCAPERA, DENNIS**  
 STREET ADDRESS **1949 HARTFORD COURT**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **STD** ☒ Change ☐ Addition  
 NAME **MCCOY, PATTY CALLAN**  
 STREET ADDRESS **1949 HARTFORD COURT**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

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

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

TITLE ☐ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/31/01 (541) 689-5488**

CR2E037 (10/00)