

2002 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-13-2002 90382 044 ****61.25

DOCUMENT # N01000004811

1. Entity Name

**THE CHRISTIAN MINISTERS CONFERENCE OF THE PALM B
 EACHES, INC.**

Principal Place of Business

**1401 PALM BEACH LAKES BOULEVARD
 WEST PALM BEACH FL 33401**

Mailing Address

**1401 PALM BEACH LAKES BOULEVARD
 WEST PALM BEACH FL 33401**

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

EIN 65-1137064

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

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 *James Jackson*

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	PD HAYNES, MELVIN JR. 1401 PALM BEACH LAKES BOULEVARD WEST PALM BEACH FL 33401 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCRAY, HERMAN 2315 AVENUE S RIVIERA BEACH FL 33404 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, EMMANUEL 2549 WESTCHESTER DRIVE WEST PALM BEACH FL 33407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, E. JAMES JR. 201 BONNIE BOULEVARD PALM SPRINGS FL 33461 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD XHEELY, CARL SR. 1439 13TH STREET WEST PALM BEACH FL 33401 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELBY, ROBERT SR. 1381 HIDEAWAY BEND WELLINGTON FL 33414 ☐ Delete

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

SIGNATURE:

Melvin Haynes, Jr. / **Melvin Haynes, Jr., 3/25/02**

Date

Daytime Phone #

CR2E037 (9/01)