

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90318 017 \*\*\*\*\*61.25

**DOCUMENT # N02000001873**

1. Entity Name

**CHRIST'S MIRACLE WORKING CHURCH, INC.**



Principal Place of Business

**642 BUNTING DR.  
DELRAY BEACH FL 33444**

Mailing Address

**642 BUNTING DR.  
DELRAY BEACH FL 33444**

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONG, MONTGOMERY R  
642 BUNTING DR.  
DELRAY BEACH FL 33444**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
NAME **Montgomery R. Long**  
STREET ADDRESS **642 BUNTING DR.**  
CITY-ST-ZIP **DELRAY BCH FL 33444** **D**

TITLE **Vice President** ☐ Delete  
NAME **Roy Howe**  
STREET ADDRESS **1039 KOKOMO KEY LANE**  
CITY-ST-ZIP **DELRAY BCH FL 33483** **D**

TITLE **Secretary** ☐ Delete  
NAME **Kathy Howe**  
STREET ADDRESS **1039 KOKOMO KEY LANE**  
CITY-ST-ZIP **DELRAY BCH FL 33483** **D**

TITLE **Treasurer** ☐ Delete  
NAME **Terry Long**  
STREET ADDRESS **642 BUNTING DR.**  
CITY-ST-ZIP **DELRAY BCH FL 33444** **D**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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

**3/28/03**  
Date

**561-276-9383**  
Daytime Phone #

CR2E037 (10/02)