

Amended
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000002653

1. Entity Name

PALM CITY CHURCH OF CHRIST



FILED
03 DEC -4 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3555 MAPP ROAD

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2418

Suite, Apt. #, etc.

City & State
PALM CITY, FL

City & State
PALM CITY, FL

Zip
34990

Country
USA

Zip
34991

Country
USA

4. FEI Number
431959432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **N. DEAN KOHL JR ESQUIRE**

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

50 S.E. KINDRED STREET, SUITE 107

City **STUART**

FL

Zip Code
34994

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IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP
Director	Mike Spieles	P.O. Box 2418, Palm City, FL 34991	
Director	Brian Spieles	2621 S.W. Estella Ter, Palm City FL 34990	
Director	Eric Phifer	133 S.E. Ashley Oaks Way, Stuart FL 34991	
Director	Jim Collins	1454 S.W. Seagull Way, Palm City FL 34990	
Director	Jerry Smith	4114 S.W. Gleneagle Cir, Palm City FL 34990	
Director	Les McQuinn	11169 S.E. Sea Pines Cir Hobe Sound FL 33455	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/03 772-215-2692
Date Daytime Phone #

CR2E037B (12/02)