FILED
Jul 29, 2003 8:00 am
Secretary of State
04-28-2003 90165 019 ****61.25

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

DOCUMENT # N02000009055

55052650

1. Entity Name
GLEN SLAYMAN EVANGELISTIC ASSN., INC.

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
12560 TIMBERPINE TRAIL WEST PALM BEACH FL 33414	12560 TIMBERPINE TRAIL WEST PALM BEACH FL 33414 OK
12560 timber pine TR.	
2. Principal Place of Business West Palm Beach FL 33414 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip 33414 Country Palm Beach	Zip 33414 Country Palm Beach

4. FEI Number 65-0310473 ☐ Applied For ☐ Not Applicable

5. ☐ Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLAYMAN, GLEN
12560 TIMBERPINE TRAIL
WEST PALM BEACH FL 33414 OK

7. Name and Address of New Registered Agent

Name Glen Slayman

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

12560 Timber pine TR.

City West Palm Beach FL Zip Code 33414

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 Glen Slayman
(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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Dr Glen Slayman Pres 12560 timber pine trail West palm Beach fl 33414	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Antoine Regis 431- 30st Rivera B. Fl 33404 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Montil Sejour 5896 ST Rawberry D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Lantana 33462 Fla	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Dr SIGLAEUNE SEAD/RADAN Glen Slayman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #