

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90066 003 ****61.25

DOCUMENT # N05053

1. Entity Name

SOUTH BEACH BAPTIST CHURCH, INC.

Principal Place of Business

**1717 GULFSTREAM AVENUE
FT. PIERCE FL 34949**

Mailing Address

**1717 GULFSTREAM AVENUE
FT. PIERCE FL 34949**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0227744**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PULLIAM, DALLAS
1926 SW GOLD LANE
PORT ST LUCIE FL 34953**

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

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 **PULLIAM, DALLAS**
STREET ADDRESS **1926 SW GOLD LANE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **D** ☐ Delete
NAME **MERITHEW, RONALD**
STREET ADDRESS **PO BOX 2896**
CITY-ST-ZIP **FT. PIERCE FL 34954**

TITLE **SD** ☐ Delete
NAME **PATTERSON, MARY**
STREET ADDRESS **601 SEAWAY DR H-7**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **VTD** ☐ Delete
NAME **KEMP, PAUL**
STREET ADDRESS **2024 S OCEAN DRIVE**
CITY-ST-ZIP **FT PIERCE FL**

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
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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:

PAUL KEMP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2001 (561) 455-1316
Date Daytime Phone #

CR2E037 (10/00)