

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90024 001 ****61.25

DOCUMENT # N05053

1. Entity Name

SOUTH BEACH BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0227744

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **PULLIAM, DALLAS**
 STREET ADDRESS **1926 SW GOLD LANE**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **SHERI WEESE**
 STREET ADDRESS **601 SEAWAY DR A-44**
 CITY-ST-ZIP **FT. PIERCE, FL 34949**

TITLE ☐ Delete
 NAME **SHERI WEESE**
 STREET ADDRESS **601 SEAWAY DR A-44**
 CITY-ST-ZIP **FT. PIERCE, FL 34949**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

DALLAS PULLIAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)