2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20563

1. Entity Name

METROPOLITAN COMMUNITY CHURCH OF THE PALM BEACHE

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90055 024 ****70.00

Principal Place of Business	Mailing Address
3500 45TH P.O. BOX 18527 WEST PALM BEACH FL 33407	PO BOX 18527 WEST PALM BEACH FL 33416-8527 US

DO NOT WRITE IN THIS SPACE

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 59-2576860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLOUSE, GLENN
913 LIGHTHOUSE DR
NORTH PALM BCH FL 33408

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLOUSE, GLENN 913 LIGHTHOUSE DR N PLAM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NORRHOLM, CHRISTINA 7578 NORTHTREE CLUB DRIVE LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEISHER, RUTH 5481 POINTER DRIVE WEST PALM BEACH FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY DEAN 4111 OAK TERRACE Drive Greenacres, FL. 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUENZLI, GLEN 218 G FOXTAIL DR. WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORTINO, URSULA 410 WILDER STREET WEST PALM BEACH FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURST, ROBERT 3509 EASTVIEW AVE. WEST PALM BEACH FL 33407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEVIN YATES 1925 Stratford WAY West PALM BEACH, FL. 33409	☒ Change ☐ Addition

CR2E037 (9/99)

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 Glenn Clouse 2/1/00 561-540-3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #