

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90017 017 ****70.00

DOCUMENT # N20563

1. Entity Name

METROPOLITAN COMMUNITY CHURCH OF THE PALM BEACHE

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

00021334

2. Principal Place of Business

3. Mailing Address

4857 Northlake Blvd.

4857 Northlake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Beach Gardens, FL.

Palm Beach Gardens, FL.

4. FEI Number

59-2576860

Applied For

Not Applicable

Zip

Country

33418

U.S.A.

Zip

Country

33418

U.S.A.

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

CLOUSE, GLENN
913 LIGHTHOUSE DR
NORTH PALM BCH FL 33408

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

Glenn L. Clouse

2/8/2001

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 **FD- V** ☐ Delete
NAME **CLOUSE, GLENN**
STREET ADDRESS **913 LIGHTHOUSE DR**
CITY-ST-ZIP **N PLAM BCH FL**

TITLE **P** ☐ Change ☒ Addition
NAME **Martin, James**
STREET ADDRESS **721 Manatee Bay Drive**
CITY-ST-ZIP **Boynton Beach, FL. 33435**

TITLE **SD** ☒ Delete
NAME **NORRHOLM, CHRISTINA**
STREET ADDRESS **7578 NORTHTREE CLUB DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SD** ☒ Change ☐ Addition
NAME **Holt, Marie**
STREET ADDRESS **6169 Foster Street**
CITY-ST-ZIP **Jupiter, FL. 33458**

TITLE **D** ☐ Delete
NAME **KUENZLI, GLEN**
STREET ADDRESS **218 G FOXTAIL DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ Change ☒ Addition
NAME **Dean, Ray**
STREET ADDRESS **4368 Foss Road**
CITY-ST-ZIP **Lake Worth, FL. 33461**

TITLE **VD** ☐ Delete
NAME **FORTINO, URSULA**
STREET ADDRESS **410 WILDER STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **T** ☐ Change ☒ Addition
NAME **Keithley, Greg**
STREET ADDRESS **11648 68th Street North**
CITY-ST-ZIP **33412 West Palm Beach, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Pazdur, Andy**
STREET ADDRESS **5935 Ithaca Circle West**
CITY-ST-ZIP **Lake Worth, FL. 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Simmick, Christopher**
STREET ADDRESS **2866 Tennis Club Drive #300**
CITY-ST-ZIP **West Palm Beach, FL. 33417**

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:

Glenn L. Clouse

2/8/2001 561-540-3140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)