# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 16, 2002 8:00 am**
**Secretary of State**
05-16-2002 90035 002 ****61.25

DOCUMENT # N20563

1. Entity Name

METROPOLITAN COMMUNITY CHURCH OF THE PALM BEACHE S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4857 NORTHLAKE BLVD.<br>P.O. BOX 18527<br>WEST PALM BEACH FL 33418 | 4857 NORTHLAKE BLVD.<br>P.O. BOX 18527<br>WEST PALM BEACH FL 33418<br>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 41-2025538 ~~59-2576060~~ ☐ Applied For ☐ Not Applicable

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<br>913 LIGHTHOUSE DR<br>NORTH PALM BCH FL 33408 | Name: James M. Martin<br>Street Address (P.O. Box Number is Not Acceptable): 4859 Northlake Blvd<br>City: Palm Beach Gardens **FL** Zip Code: 33418 |

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 James M. Martin — James M. Martin — 2-27-02

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 | P<br>MARTIN, JAMES<br>~~721 MANATEE BAY DR.~~ 4859 Northlake Blvd<br>~~BOYNTON BEACH FL 33435~~ Palm Beach Gardens, FL 33418 | ☐ Delete | P<br>martin, James<br>4859 Northlake Blvd<br>Palm Beach Gardens, FL 33418 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HOLT, MARIE<br>6169 FOSTER ST.<br>JUPITER FL 33458 | ☐ Delete | D<br>Kym Lucas<br>6154 Dania<br>Jupiter FL 33458 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEAN, RAY<br>4368 FOSS RD.<br>LAKE WORTH FL 33461 | ☐ Delete | D<br>Karen Little<br>340 W. 32nd Street<br>Riviera Beach, FL 33404 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KEITHLEY, GREG<br>11648 68TH ST. NORTH<br>WEST PALM BEACH FL 33412 | ☐ Delete | D<br>Glenn clouse<br>913 Lighthouse Dr.<br>North Palm Beach, FL 33408 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAZDUR, ANDY<br>5935 ITHACA CIRCLE WEST<br>LAKE WORTH FL 33463 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIMNICK, CHRISTOPHER<br>2866 TENNIS CLUB DR., #300<br>WEST PALM BEACH FL 33417 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** James M. Martin REQUIRED — James M. Martin — 2-21-02 — 561-775-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #