## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N20563**

1. Entity Name

## METROPOLITAN COMMUNITY CHURCH OF THE PALM BEACHE S INC



**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90167 037 \*\*\*\*61.25



				<b>⊸</b> i			
Principal Place of Business 4857 NORTHLAKE BLVD. P.O. BOX 18527 WEST PALM BEACH FL 33418		Mailing Address 4857 NORTHLAKE BLVD. P.O. BOX 18527 WEST PALM BEACH FL 33418 US					
2. Principal Place of Business		3. Mailing Address					6(0)   00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 41-2	2025538		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired Fe	8.75 Add e Required	litional d
• 10 Total Tel	6. Name and Address of Curren	t Registered Agent		7. Name and Addres	s of New Registered Ag	ent	
			Name	(DO Com Number in Not	Anantahla)		
4859 NO	James M Rthlake BLVD ACH Gardens FL 33418		Street Addres	s (P.O. Box Number is Not	Acceptable,	· · · · · ·	
PALM DEACH GARDENS PC 55410			City		FL	Zip Cod	e
ېتېت محمد Cho shows	named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both, in the	e State of Florida. I am far	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ont and title if applicable. (NOT	TE: Registered Agent signature requ	uired when reinstating)	DATE		
:	FILE NOW: FEE IS \$61.25		mpaign Financing	\$5.00 May Be	Make Check Florida Departr		
		Trust Fund	Contribution.	Added to Fees	Florida Departr	nent of	State 
10.	OFFICERS AND D	Trust Fund	Contribution.	Added to Fees	Florida Departr	nent of	State ————
	OFFICERS AND D	Trust Fund	11. TITLE NAME	Added to Fees	Florida Departr	nent of S	State
10.	P MARTIN, JAMES 4859 NORTHLAKE BLVD	Trust Fund	Contribution.	Added to Fees	Fiorida Departr	nent of S	State  V 10  Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MARTIN, JAMES 4859 NORTHLAKE BLVD PALM BEACH GARDENS FL 33	Trust Fund	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Fiorida Departr	nent of S	State  V 10  Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MARTIN, JAMES 4859 NORTHLAKE BLVD PALM BEACH GARDENS FL 33 SD HOLT, MARIE 6169 FOSTER ST.	Trust Fund	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Added to Fees	Fiorida Departr	nent of S	State  V 10  Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(f), Fibrida Statutes. Fibrida and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 epart 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: