

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27926

1. Entity Name

THE 7TH DAY CHURCH OF THE LIVING GOD WEST PALM B

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90012 013 ****61.25

Principal Place of Business

Mailing Address

617-25 STREET
WEST PALM BEACH FL 33407

P.O. BOX 6517
WEST PALM BEACH FL 33407-0517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1233 45th Street

Suite, Apt. #, etc.

Suite C-4

City & State

West Palm Beach, FL

Zip

Country

33407

U.S.A

4. FEI Number

NOT APPLICABLE

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

GAYLE, GLENTON J.

175 W. 27TH ST.

RIVIERA BEACH FL 33404

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

Glenton J. Gayle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/00

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
NAME GAYLE, GLENTON J.
STREET ADDRESS 175 W. 27TH ST.
CITY-ST-ZIP RIVIERA BEACH FL ☐ Delete

TITLE BOARD OF DIRECTORS
NAME PETER PEART
STREET ADDRESS 634 38th Street
CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

TITLE VPD
NAME GAYLE, AINSLEY
STREET ADDRESS 615 50TH ST.
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

TITLE BOARD OF DIRECTORS
NAME NICOLA GIVANS-JAMES
STREET ADDRESS 831 34th Street
CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

TITLE S
NAME PEART, CHARMANE
STREET ADDRESS 634 38TH ST.
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

TITLE BOARD OF DIRECTORS
NAME VIVETTE GAYLE
STREET ADDRESS 615 50th Street
CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

TITLE TO
NAME JAMES, ROBERT
STREET ADDRESS 831 34TH STREET
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Glenton J. Gayle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00 (501) 863-5677

Date

Daytime Phone #

CR2E037 (9/99)