

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27926

1. Entity Name

THE 7TH DAY CHURCH OF THE LIVING GOD WEST PALM B
EACH FL. INC.

Principal Place of Business

150 WARE DRIVE
WEST PALM BEACH FL 33409

Mailing Address

P.O. BOX 8517
WEST PALM BEACH FL 33407

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

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

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	PD	<input type="checkbox"/> Delete
NAME	GAYLE, GLENTON J.	
STREET ADDRESS	175 W. 27TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GAYLE, AINSLEY	
STREET ADDRESS	615 50TH ST.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEART, CHARMANE	
STREET ADDRESS	1511 40TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES, ROBERT	
STREET ADDRESS	212 N CHILLINGWORTH DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	BD	<input type="checkbox"/> Delete
NAME	PEART, PETER	
STREET ADDRESS	1511 40TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	BD	<input type="checkbox"/> Delete
NAME	GIVANS-JAMES, NICOLA	
STREET ADDRESS	212 N CHILLINGWORTH DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 GLENTON J. GAYLE 3/28/02 501-687-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90066 006 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)