

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90148 028 ****61.25

DOCUMENT # **N27926**

1. Entity Name

The 7th DAY CHURCH OF THE LIVING GOD



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2400 WARE DRIVE

2400 WARE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

Zip

33409

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **GLENTON J. GAYLE**

Street Address (P.O. Box Number is Not Acceptable)

175 W 27th Street

City

RIVIERA BEACH

FL

Zip Code

33404

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **GLENTON J. GAYLE**
STREET ADDRESS **175 W 27th St. Riviera Bch FL 33404**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY**
NAME **CHARMAINE PEART**
STREET ADDRESS **1511 40th St. WEST PALM BEACH FL 33407**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ROBERT JAMES, TREASURER**
NAME **212 N Chillingworth Drive**
STREET ADDRESS **West Palm Beach, FL 33409**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PETER PEART, BD**
NAME **1511 40th Street**
STREET ADDRESS **West Palm Beach, FL 33407**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **NICOLA CIVANS-JAMES, BD**
NAME **212 N Chillingworth Drive**
STREET ADDRESS **West Palm Beach, FL 33409**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GLENTON J. GAYLE

6/16/03 (50) 863-5677

CR2E037B (12/02)