

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0051269

04-24-2001 90024 012 \*\*\*\*\*61.25

**DOCUMENT # N38889**

1. Entity Name

**PHILADELPHIA BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**3505 SHILOH DRIVE  
 WEST PALM BEACH FL 33407  
 US**

**P.O. BOX 220852  
 WEST PALM BEACH FL 33422  
 US**

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

**52-1546702**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACKY, NATHANIEL  
 5105 PAT PLACE  
 WEST PALM BEACH FL 33407**

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  Delete  
 NAME **D**  
**MACKY, NATHANIEL**  
 STREET ADDRESS **5105 PAT PLACE**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  Change  Addition

TITLE  Delete  
 NAME **T**  
**SAWYERS, SAMUEL**  
 STREET ADDRESS **5286 HARRIET PLACE**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  Change  Addition  
 NAME **Fanny Levy**  
 STREET ADDRESS **1220 18th Ave. N**  
 CITY-ST-ZIP **Apt. #2  
 Lake Worth, Fla 33460**

TITLE  Delete  
 NAME **T**  
**MCKENZIE, CARMEN**  
 STREET ADDRESS **5900 WEST BARBADOS WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Nathaniel K. Mackey** **4/16/02** **(561-683-7474)**

Date

Daytime Phone #

CR2E037 (10/00)