

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90022 019 ****61.25

0050659

DOCUMENT # N45219

1. Entity Name

NEW COMMUNITY CHURCH OF THE PALM BEACHES, INC.

Principal Place of Business

12230 W FOREST HILL BLVD
 SUITE 200
 WELLINGTON FL 33414
 US

Mailing Address

12230 W FOREST HILL BLVD
 SUITE 200
 WELLINGTON FL 33414
 US

00006282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3125 Fortune Way

Suite, Apt. #, etc.

Suite # 13

City & State

Wellington, FL

Zip
 33414

Country
 USA

3. Mailing Address

3125 Fortune Way

Suite, Apt. #, etc.

Suite # 13

City & State

Wellington, FL

Zip
 33414

Country
 USA

4. FEI Number

65-0226878

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

ROSS, RANDY
 1175 LONGLEA TERR
 WELLINGTON FL 33414

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, RANDY 1175 LONGLEA TERR WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEAL, RICK 15750 ROLLING MEADOW CIRCLE WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWNING, DAVE 3056 D ROAD LOXAHATCHEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, JOHN 13734 CALLINGTON DR WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JOHN 529 OLD COUNTRY RD. WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01 561-793-6889

CR2E037 (10/00)