2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N9400003960 1. Entity Name WEST BOYNTON BAPTIST CHURCH, INC. 04-26-2001 90102 020 ****61.25 Principal Place of Business Mailing Address 202 S.E. 8TH ST. 202 S.E. 8TH ST. **LUU52380** DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0844460 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BENOIT, WALTER 202 S.E. 8TH STREET **DELRAY BEACH FL 33483** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to - FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITI F ☐ Delete TITLE NAME MONDESIR, DUFANAL NAME STREET ADDRESS STREET ADDRESS 202 S.E. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME SAGEESE, CHARITE STREET ADDRESS STREET ADDRESS 202 S.E. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change Addition ☐ Delete TITLE TITLE NAME NAME BENOIT, WALTER STREET ADDRESS STREET ADDRESS 202 S.E. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SANON, JULIUS . . STREET ADDRESS STREET ADDRESS 202 S.E. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Delete ☐ Change ☐ Addition TIT! F TITLE NAME WADNER BENOIT NAME STREET ADDRESS STREET ADDRESS 808 SE 4TH AVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.