

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

11-0000018

DOCUMENT # N94000004894
 1. Entity Name
MARTIN LUTHER KING EVANGELICAL BAPTIST CHURCH OF JOHN 3:16, INC



FILED
 03-MAR-26 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**561 NW 10TH AVE
 MARTIN LUTHER KING
 BOYNTON BEACH FL 33435**

Mailing Address
**200 S.W. 14TH AVE.
 BOYNTON BEACH FL 33435**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number **65-0575865** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LACOMBE, RISALDO
 200 SW 14TH AVENUE
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	FAITUS, AMOS	
STREET ADDRESS	256 NE 14TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33344	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ETIENNE, CAROLE	
STREET ADDRESS	128 BUNTON WOOD CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TT	<input type="checkbox"/> Delete
NAME	LACOMBE, MARIE M	
STREET ADDRESS	200 S.W. 14TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOEL, ALABRY	
STREET ADDRESS	521 FERN LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P LACOMBE, RISALDO	
STREET ADDRESS	200 SW 14TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **SIGNATURE**, DIRECTOR 2/26/2003 (561) 732-1110

CR2E037 (10/02)