

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000002299**

1. Entity Name

Rock Church of the Palm Beaches, Inc.

Principal Place of Business

Mailing Address

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90027 020 ****61.25

659211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3970 RLA Blvd.

3970 RLA Blvd.

Suite, Apt. #, etc.

Suite 7008

Suite, Apt. #, etc.

Suite 7008

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410-3230

Country

United States

Zip

33410-3230

Country

United States

4. FEI Number

65-0593492

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

Foster, John F.
1897 Palm Beach Lakes Blvd., Suite 219
West Palm Beach, FL 33409

Name

Simcich, Cathy

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

2076 Ascott Road

City

North Palm Beach

Zip Code

FL 33408

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

Cathy D. Simcich

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

(NOTE: Registered Agent signature required when reinstating)

4/29/2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	Tobey, Mike	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Clark, Dale	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Cory, Tim	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simcich, Cathy	
STREET ADDRESS	2076 Ascott Road	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hamilton, Jr., Joseph T.	
STREET ADDRESS	1037 Marina Drive	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pastor Jon Van deRiet	
STREET ADDRESS	3970 RLA Blvd., Suite 7008	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410-3230	
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: *Cathy D. Simcich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2001

Date

561-626-1972

Daytime Phone #

CR2E037 (11/00)