

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002333

1. Entity Name

PENTECOSTAL CHURCH OF GOD OF THE PALM BEACHES, I

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90064 021 ****61.25

Principal Place of Business

107 SE 2ND STREET
DELRAY BEACH FL 33445

Mailing Address

310 STERLING AVE
DELRAY BEACH FL 33444-2266
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

31-1479751

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

BUSBY, ALBERTO F
706 SW 23 AVE.
BOYNTON BEACH FL 33435

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MERVILUS, LOUIS REV.	
STREET ADDRESS	310 STERLING AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAZARD, REGINE	
STREET ADDRESS	706 S.E. 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUSELAINE, MERVILUS	
STREET ADDRESS	310 STERLING AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERVILUS, S. LOUIS REV.	
STREET ADDRESS	310 STERLING AVE.	
CITY-ST-ZIP	DELRAY BEACH, 33444	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZARD, REGINE	
STREET ADDRESS	706 S.E. 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, LOUIS MONFORT	
STREET ADDRESS	559 N.E. 44th APT. 5	
CITY-ST-ZIP	BOCA RATON, FL 33431	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 554 243 08
Date Daytime Phone #

CR2E037 (9/99)