

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90165 034 \*\*\*\*61.25

**DOCUMENT # N96000002333**

1. Entity Name

**PENTECOSTAL CHURCH OF GOD OF THE PALM BEACHES, I**

Principal Place of Business

107 SE 2ND STREET  
 DELRAY BEACH FL 33445

Mailing Address

310 STERLING AVE  
 DELRAY BEACH FL 33444  
 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**



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: MERVILUS, LOUIS REV.  
 STREET ADDRESS: 310 STERLING AVE.  
 CITY-ST-ZIP: DELRAY BEACH FL 33444  Delete

TITLE: PD  
 NAME: MERVILUS, ST. LOUIS  
 STREET ADDRESS: 310 STERLING AVE  
 CITY-ST-ZIP: DELRAY BEACH, FL 33444  Change  Addition

TITLE: SD  
 NAME: BAZARD, REGINE  
 STREET ADDRESS: 706 S.E. 4TH AVE  
 CITY-ST-ZIP: DELRAY BEACH FL 33483  Delete

TITLE: SD  
 NAME: BAZARD, REGINE  
 STREET ADDRESS: 706 S.E. 4TH AVE  
 CITY-ST-ZIP: DELRAY BEACH, FL 33483  Change  Addition

TITLE: TD  
 NAME: MONFORT, LEONORD L  
 STREET ADDRESS: 559 NE 44ST APT 5  
 CITY-ST-ZIP: BOCA RATON FL 33431  Delete

TITLE: TD  
 NAME: ISAMENE THERMITUS  
 STREET ADDRESS: 706 S.E 4TH AVE  
 CITY-ST-ZIP: DELRAY BEACH, FL 33483  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-01(561) 243-9528

Date

Daytime Phone #

CR2E037 (10/00)