

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90755 043 *****61.25

0336268

DOCUMENT # N96000002333

1. Entity Name
PENTECOSTAL CHURCH OF GOD OF THE PALM BEACHES, I NC.

Principal Place of Business 107 SE 2ND STREET DELRAY BEACH FL 33445	Mailing Address 310 STERLING AVE DELRAY BEACH FL 33444 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1479751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUSBY, ALBERTO F 1008 SW 23 RD AVE. DADE 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
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERVLUS, LOUIS REV. <input type="checkbox"/> Delete 310 STERLING AVE. DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAZARD, REGINE <input type="checkbox"/> Delete 706 S.E. 4TH AVE DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONFORT, LEONORD L <input type="checkbox"/> Delete 559 NE 44ST APT 5 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mervilus, St. Louis Rev. <input type="checkbox"/> Change <input type="checkbox"/> Addition 310 Sterling Ave. Delray Beach Fl. 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bazard, Regine <input type="checkbox"/> Change <input type="checkbox"/> Addition 706 S.E 4th Ave. Delray Beach Fl. 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thermitus, Isamene <input type="checkbox"/> Change <input type="checkbox"/> Addition 706 S.E 4th Ave. Delray Beach Fl. 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **4/02/02** (561) 243-9528

CR2E037 (9/01)