

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003356

1. Entity Name

FIRST CHURCH OF GOD IN CHRIST OF WEST PALM BEACH

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90250 033 \*\*\*\*70.00

Principal Place of Business

Mailing Address

610 - 14TH ST.  
 WEST PALM BEACH FL 33401

P.O. BOX 487  
 WEST PALM BEACH FL 33402-0487  
 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

65-0688516

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

WASHINGTON, KENNETH  
 10460 S.W. 160TH ST.  
 MIAMI FL 33157

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  Delete  
 NAME **D WASHINGTON, KENNETH**  
 STREET ADDRESS **10460 S.W. 160TH ST.**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BOWENS, JOE**  
 STREET ADDRESS **1308 26TH CT. W.**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WASHINGTON, DIANNE**  
 STREET ADDRESS **10460 S.W. 160TH ST.**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T DEVOSE, PRISCILLA**  
 STREET ADDRESS **1448 N. MANGONIA DRIVE**  
 CITY-ST-ZIP **WEST PALM BCH. FL 33401**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D PAUL GAMES**  
 STREET ADDRESS **1357 9th Street**  
 CITY-ST-ZIP **WEST PALM Bch, FL 33401**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Kenneth Washington*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 7, 2000*  
 Date

Daytime Phone #

CR2E037 (9/99)