

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/5.

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90032 012 \*\*\*\*70.00

**DOCUMENT # N96000003356**

1. Entity Name

**FIRST CHURCH OF GOD IN CHRIST OF WEST PALM BEACH, INC.**

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

4. FEI Number

**65-0688516**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WASHINGTON, KENNETH  
 10480 S.W. 160TH ST.  
 MIAMI FL 33157

Name Tracy L. Hughes  
 Street Address (P.O. Box Number is Not Acceptable)  
1121 NW 43rd Ave  
 City Lauderhill FL Zip Code 33313

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 Tracy L. Hughes Tracy L. Hughes 5/19/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$81.25**

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	WASHINGTON, KENNETH	
STREET ADDRESS	10480 S.W. 160TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWENS, JOE	
STREET ADDRESS	1308 26TH CT. W.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, DIANNE	
STREET ADDRESS	10480 S.W. 160TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEVOSE, PRISCILLA	
STREET ADDRESS	1448 N. MANGONIA DRIVE	
CITY-ST-ZIP	WEST PALM BCH. FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, PAUL	
STREET ADDRESS	1357 9TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughes, Tracy L.	
STREET ADDRESS	1121 NW 43rd Ave	
CITY-ST-ZIP	Lauderhill, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alden Wilder	
STREET ADDRESS	500 Ontario PL	
CITY-ST-ZIP	West Palm Beach, FL 33409	
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

4/17/02  
Date

954-577-0467  
Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE