


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90083 049 \*\*\*\*70.00

**DOCUMENT # N96000003356**

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



Principal Place of Business  
**610 - 14TH ST.  
WEST PALM BEACH FL 33401**

Mailing Address  
**P.O. BOX 487  
WEST PALM BEACH FL 33402-0487  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0688516** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUGHES, TRACY L  
1121 NW 43RD AVE  
LOUDERHILL FL 33313**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tracy L. Hughes* DATE 2/26/03

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.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, TRACY L</b>	
STREET ADDRESS	<b>1121 NW 43RD AVE</b>	
CITY-ST-ZIP	<b>LOUDERHILL FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWENS, JOE</b>	
STREET ADDRESS	<b>1308 26TH CT. W.</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WILDER, ALDEN</b>	
STREET ADDRESS	<b>500 ONTARIO PLACE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAINES, PAUL</b>	
STREET ADDRESS	<b>1357 9TH STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
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		<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
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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: *Tracy L. Hughes* DATE 2/26/03 561-833-5988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)