

DOCUMENT # N96000005791

1. Entity Name

MINISTERS' CONFERENCE OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

3900 BROADWAY
W. PALM BEACH FL 33401

3900 BROADWAY
W. PALM BEACH FL 33401

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

31-1526701

Applied For

Not Applicable

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

CLARK, ISIAH S JR.
1921 HILTONIA CIRCLE
WEST PALM BEACH FL 33407

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 ☐ Delete
NAME CLARK, ISIAH S JR.
STREET ADDRESS 1921 HILTONIA CIRCLE
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WILLIAM, BURIE
STREET ADDRESS 1200 W. 32ND STREET
CITY-ST-ZIP RIVIERA FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SEARS, NATHAN N
STREET ADDRESS 1433 W. 9TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DRAYTON, TONY
STREET ADDRESS 1524 35TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☒ Change ☐ Addition
NAME *Treasurer James McFadden*
STREET ADDRESS *461 W. 31st St*
CITY-ST-ZIP *Riviera Beach FL 33404*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *B. G. McFadden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90053 036 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)