

DOCUMENT # N96000006545

1. Entity Name

LOXAHATCHEE BAPTIST MISSION CHURCH, INC.

Principal Place of Business

14593 SOUTHERN BLVD.
LOXAHATCHEE FL 33470
US

Mailing Address

14593 SOUTHERN BLVD.
LOXAHATCHEE FL 33470
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

65-0714877

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

NALSENICK, BOB
4670 DAVIS RD.
LAKE WORTH FL 33461

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 D ☐ Delete
NAME AMOS, JIM
STREET ADDRESS 2316 SHERWOOD FOREST BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS 6454 HIGHWAY 441 S.E.
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE D ☐ Delete
NAME NALSENICK, BOB
STREET ADDRESS 4670 DAVIS ROAD
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Change ☒ Addition
NAME BOULES, JUDY S/D
STREET ADDRESS 102 PRINCESS COURT
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D ☐ Delete
NAME KUHN, BETTYE
STREET ADDRESS 14593 SOUTHERN BLVD.
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14593 SOUTHERN BLVD.
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE D/V P ☐ Delete
NAME MCILVIN, CAROL
STREET ADDRESS 16141 E. MAYFAIR DRIVE
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D/V P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TRAVIS, CHARLES
STREET ADDRESS 2120 LONGWOOD ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
NAME TRAVIS, CHARLES
STREET ADDRESS
CITY-ST-ZIP

TITLE D/T ☐ Delete
NAME BOURQUE, SHARIE
STREET ADDRESS 18524 43RD ROAD NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D/T ☒ 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.

SHARIE BOURQUE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)