

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90050 013 ****61.25

DOCUMENT # N96000006545

1. Entity Name

LOXAHATCHEE BAPTIST MISSION CHURCH, INC.

Principal Place of Business

Mailing Address

**14593 SOUTHERN BLVD.
 LOXAHATCHEE FL 33470
 US**

**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

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 **6454 HIGHWAY 441 S.E.**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

TITLE **SD** ☐ Delete
 NAME **BOULES, JUDY**
 STREET ADDRESS **102 PRINCESS COURT**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Boyles, Judy**
 STREET ADDRESS **102 Princess Ct.**
 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
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **MCILVIN, CAROL**
 STREET ADDRESS **16141 E. MAYFAIR DRIVE**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ 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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☒ Delete
 NAME **BOURQUE, SHARIE**
 STREET ADDRESS **18524 43RD ROAD NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

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:

SIGNATURE REQUIRED

Charles H. Travis 683-4356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)