

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000002081****1. Entity Name**
JUBILEE CHURCH OF BOYNTON BEACH, INC.

Principal Place of Business 134 S.E. 9TH AVENUE BOYNTON BEACH FL 33435	Mailing Address 134 S.E. 9TH AVENUE BOYNTON BEACH FL 33435
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number**
65-0749880**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**CYR DUANE S
134 S.E. 9TH AVENUEBOYNTON BEACH FL
33435**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** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EARL RICHARD 3638 SE 1ST STREET BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CYR FAITH 134 SE 9TH AVENUE BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CYR DUANE SSR 134 S.E. 9TH AVENUE BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Duane S Cyr, Sr. **PTD** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)