

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000293

1. Entity Name

WESTERN PINES CHRISTIAN CHURCH, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90082 012 ****70.00

Principal Place of Business

14563 OKEECHOBEE BLVD.
LOXAHATCHEE FL 33470

Mailing Address

P.O. BOX 366
LOXAHATCHEE FL 33470-0366

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0807707

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

THACKER, WILLIAM S
3633 "D" ROAD
LOXAHATCHEE FL 33470

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

TITLE D ☐ Delete
NAME HIMMELHEBER, DAVID
STREET ADDRESS 11289 40TH STREET NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D ☐ Delete
NAME HIMMELHEBER, MARI
STREET ADDRESS 11289 40TH STREET NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE VD ☐ Delete
NAME BORUFF, DAVID
STREET ADDRESS 657 RAMBLING DRIVE CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE TD ☐ Delete
NAME BORUFF, PAM
STREET ADDRESS 657 RAMBLING DRIVE CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Delete
NAME VANDERWENDE, KEVIN
STREET ADDRESS 3633 "D" ROAD
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE SD ☐ Delete
NAME VANDERWENDE, ANGIE
STREET ADDRESS 3633 "D" ROAD
CITY-ST-ZIP LOXAHATCHEE FL 33470

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 238 Par Drive
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 238 Par Drive
CITY-ST-ZIP Royal Palm Beach, FL 33411

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:

Pamela Sue Boruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00

561-753-7635