

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001518

1. Entity Name

PENTECOSTAL TABERNACLE OF PALM BEACH, INC.

R

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90021 024 \*\*\*\*\*8.75  
04-06-2000 90046 036 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

2215 N. MILITARY TRAIL STE. O  
WEST PALM BEACH FL 33417

2215 N. MILITARY TRAIL STE. O  
WEST PALM BEACH FL 33417

FBI

10925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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

GOLDING, FRANKLYN  
1456 WATERWAY COVE DRIVE  
WELLINGTON FL 33413

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**  
**After September 13, 2000 min. will be \$236.25**

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 **STEWART, SYDNEY R**  
STREET ADDRESS **1271 N.W. 175 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **DS** ☐ Delete  
NAME **WALKER, DELROSE**  
STREET ADDRESS **1456 WATERWAY COVE DRIVE**  
CITY-ST-ZIP **WELLINGTON FL 33413**

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

TITLE **D** ☐ Delete  
NAME **GOLDING, FRANKLYN**  
STREET ADDRESS **1456 WATERWAY COVE DRIVE**  
CITY-ST-ZIP **WELLINGTON FL 33413**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00 Sbr 6870301

Date

Daytime Phone #

CP: 20:17 (5/00)