

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N98000001518

1. Entity Name
PENTECOSTAL TABERNACLE OF PALM BEACH, INC.

R

Principal Place of Business Mailing Address
 2215 N. MILITARY TRAIL STE. O WEST PALM BEACH FL 33417

FBI

1 0 9 2 5



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	STEWART, SYDNEY R	
STREET ADDRESS	1271 N.W. 175 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WALKER, DELROSE	
STREET ADDRESS	1456 WATERWAY COVE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDING, FRANKLYN	
STREET ADDRESS	1456 WATERWAY COVE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date **7-20-00** Sbr **6870301**
 Daytime Phone #

CP: E0:17 (5/00)