

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001518

1. Entity Name

PENTECOSTAL TABERNACLE OF PALM BEACH, INC.

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90003 021 ****61.25

0010550

Principal Place of Business 3939 CONGRESS AVENUE SUITE 106 LAKE WORTH FL 33461	Mailing Address 3939 CONGRESS AVENUE SUITE 106 LAKE WORTH FL 33461
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 18415 NW 7 AVE Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33169	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0830317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDING, FRANKLYN 1456 WATERWAY COVE DRIVE WELLINGTON FL 33413	7. Name and Address of New Registered Agent Name SYDNEY R. STEWART Street Address (P.O. Box Number is Not Acceptable) 1271 NW 175 TERRACE City MIAMI FL Zip Code 33169
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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 <i>Sydney R. Stewart</i> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	7/30/01 DATE
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FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, SYDNEY R 1271 N.W. 175 TERRACE MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MARK 13262 NW 11 TERRACE MIAMI, FL 33182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, DELROSE 1456 WATERWAY COVE DRIVE WELLINGTON FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, FRANKLYN 1456 WATERWAY COVE DRIVE WELLINGTON FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, FRANKLYN 100 SYCAMORE DRIVE ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKENZIE, RALSTON 13650 SW 17 COURT MIAMI, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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: *Sydney R. Stewart* REQUIRED 7/30/01 305 651 96 96

CR2E037 (5/01)