

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
 03-22-2002 90061 047 ****61.25

DOCUMENT # N98000001518

1. Entity Name

PENTECOSTAL TABERNACLE OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

**3939 CONGRESS AVENUE
 SUITE 106
 LAKE WORTH FL 33461**

**18415 NW 7 AVE
 MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0830317

Applied For

Not Applicable

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

**STEWART, SYDNEY R
 1271 NW 175 TERR
 MIAMI FL 33169**

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

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 **S** ☐ Change ☒ Addition
 NAME **WINSTON MILLER**
 STREET ADDRESS **1040 SW 100 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☒ Delete
 NAME **GOLDING, FRANKLYN**
 STREET ADDRESS **100 SEYMORE DRIVE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

TITLE **D** ☐ Delete
 NAME **JONES, MARK**
 STREET ADDRESS **13262 NW 11 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE **D** ☐ Delete
 NAME **MCKENZIE, RALSTON**
 STREET ADDRESS **13650 SW 17 COURT**
 CITY-ST-ZIP **MIRIMAR FL 33027**

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

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

3/5/02

CR2E037 (9/01)