

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 22, 2000 8:00 am  
Secretary of State  
02-22-2000 90036 004 \*\*\*\*61.25

DOCUMENT # N98000006023

Entity Name  
THE PASTORAL EVANGELICAL ASSOCIATION OF DELRAY B

Principal Place of Business  
SW 27TH PLACE  
BEACH FL 33435

Mailing Address  
1351 SW 27TH PLACE  
BOYNTON BEACH FL 33426-7835

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BUSBY, REV. ALBERTO F  
706 SW 23 AVENUE  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

| 0. OFFICERS AND DIRECTORS |                            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                 |                                   |
|---------------------------|----------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                     | PD                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                      | FRANCOIS, REV. FRANK       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS            | 1351 SW 27TH PLACE         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP               | BOYNTON BEACH FL 33435     |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                     | VD                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                      | BUSBY, REV. ALBERTO F      |                                 | NAME  |                                 |                                   |
| STREET ADDRESS            | 706 SW 23RD AVE            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP               | BOYNTON BEACH FL 33435     |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                     | SD                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                      | DAVIUS FRANCOIS, REV. JEAN |                                 | NAME  |                                 |                                   |
| STREET ADDRESS            | 2655 DORSON WAY            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP               | DELRAY BEACH FL 33445      |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                     | D                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                      | JOSEPH, REV. ADNER         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS            | 309 SOUTHRIDGE RD          |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP               | DELRAY BEACH FL 33444      |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                     |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                      |                            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS            |                            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP               |                            |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                     |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                      |                            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS            |                            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP               |                            |                                 | 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: FRANK FRANCOIS 2/14/00 (561) 266-5957

CR2E037 (9/99)