NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99 0.00000724

1. Entity Name
People Without Walls Church, INCorporated

FILED
02 JUN -5 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1820 Lake Worth Rd

2. Principal Place of Business
~~602 Landings BLVD~~
Suite, Apt. #, etc.
City & State: Lake Worth Florida
Zip: 33461 Country: Palm Bch

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0883857 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nicholas Paulo
Street Address (P.O. Box Number is Not Acceptable): 602 Landings BLVD
City: W.P.B. FL Zip Code: 33413

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: Nicholas E Paulo 4/6/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paulo Nicholas E 602 Landings BLVD WPB FL 33413	D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paulo Kelly S 602 Landings BLVD WPB FL 3343	D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Iser, Paul 4005 Lorraine west Oklahoma City	D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400005970194--2 ~~06/25/02--01041--007~~ ****358.75 ****358.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	297.50 - Adm 61.25 - AR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

588-1421

SIGNATURE: Nicholas E Paulo 4/6/2002 561-642-6863