2000 UNIFORM BUSINESS REPORT (UBR) FILED N990000 03797 DOCUMENT # May 04, 2000 8:00 am **Secretary of State** PALM BEACH MISSIONARY CHURCH OF GOD, INC. 05-04-2000 90110 010 \*\*\*\*70.50 33447 Principal Place of Business 1550 N. Federal Hwy #13 Mailing Address 3555 Harlowe Avenue Boynton Beach, FL 33435 Boynton Beach, FL 33436 EUUCCULA 2. Principal Place of Business 3. Mailing Address 1550 N. Federal Hwy 35<u>55 Harlowe Avenue</u> Suite, Apt. #, etc.
Unit 13 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 33435 Boynton Beach, FL Boynton Beach, FL 33436 65-0763013 Not Applicable Zip 33436 Country USA \$8.75 Additional Country USA 33<sup>°</sup>435 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DERILUS, OSIAS DERILUS, OSIAS Street Address (P.O. Box Number is Not Acceptable) 3555 HARLOWE AVE. BOYNTON BEACH, FL 33436 3555 HARLOWE AVENUE 33436 FL BOYNTON BEACH, May submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named SIGNATURE DATE E: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE □ Delete NAME NAME DERILUS, OSIAS DERILUS, OSIAS STREET ADDRESS STREET ADDRESS 3555 HARLOWE AVE 3555 HARLOWE AVE. CITY-ST-ZIP 33436 CITY-ST-ZIF BOYNTON BEACH, FL BOYNTON BEACH, FL 33436 ☐ Addition SDChange TITLE Delete NAME DERILUS, MYRTHO NAME COMPANS, CHAM SOLANGE STREET ADDRESS STREET ADDRESS 3555 HARLOWE AVE 525 DAVIS RD BOYNTON BEACH, FL 33436 CITY-ST-ZIP **第**3445 CITY-ST-ZIP DELRAY BEACH, Change Addition Delete TITLE TITLE ORESTE, ILOREST NAME ORESTE, ILOREST NAME 270 STERLING AVE. 270 STERLING AVE. STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33444 CITY-ST-ZIP 33444 CITY-ST-7IP DELRAY BEACH, FL Change Addition ☐ Delete TITLE TDCOMPANS, CHAM SOLANGE ILET, NICOLAS 635 S.W 1ST COURT NAME NAME STREET ADDRESS 524 DAVIS RD STREET ADDRESS 33426 DELRAY BEACH, 33445 BOYNTON BEACH, FL CITY-ST-ZIP FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE ALBERT, GUIMSON NAME ALBERT, GUIMSON 171 OCEAN PARK WAY STREET ADDRESS 171 OCEAN PARK WAY STREET ADDRESS 33435 CITY-ST-7IP 33435 BOYNTON BEACH, FL BOYNTON BEACH, FL D Addition ☐ Change ☐ Delete TITLE TITLE PROVIDENCE, PROVIDE NAME PROVIDENCE, PROVIDE NAME STREET ADDRESS 250 MANCHESTER STREET STREET ADDRESS 250 MANCHESTER STREET 33487 33487 CITY-ST-ZIP BOCA RATON, FL BOCA RATON, FL I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034