

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007620

1. Entity Name

BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90028 049 ****61.25

Principal Place of Business

428 NW 3RD AVE.
BOYNTON BCH FL 33435

Mailing Address

428 NW 3RD AVE.
BOYNTON BCH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

WARD, WILLIE
428 NW 3RD AVE.
BOYNTON BCH FL 33435

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 CAIN, COURTNEY
STREET ADDRESS 1900 NE 2ND LANE
CITY-ST-ZIP BOYNTON BCH FL 33435

TITLE S/D ☐ Change ☒ Addition
NAME WARD, WILLIE
STREET ADDRESS 428 NW 3RD AVE.
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D ☐ Delete
NAME MARSHALL, VICTOR
STREET ADDRESS 380 NW 13TH AVE.
CITY-ST-ZIP BOYNTON BCH FL 33435

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

TITLE D ☐ Delete
NAME KENDRICK, SAMUEL
STREET ADDRESS 181 NE 19TH AVE.
CITY-ST-ZIP BOYNTON BCH FL 33435

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

TITLE D ☐ Delete
NAME CAIN, JEANETTE
STREET ADDRESS 1900 NE 2ND LANE
CITY-ST-ZIP BOYNTON BCH FL 33435

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

TITLE D ☐ Delete
NAME JENKINS, ELIZABETH
STREET ADDRESS 711 NW 1ST ST.
CITY-ST-ZIP BOYNTON BCH FL 33435

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

TITLE D ☐ Delete
NAME MARSHALL, DEBRA
STREET ADDRESS 380 NW 13TH AVE.
CITY-ST-ZIP BOYNTON BCH FL

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:

Willie Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIE WARD

3/16/2000

561-882-0666

Daytime Phone

CR2E037 (9/99)