

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007620

1. Entity Name

BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

404 NW 13TH AVENUE
BOYNTON BEACH FL 33435
US

P O BOX 337
BOYNTON BCH FL 33435
US

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

NOT APPLICABLE

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

BAKER, EVERLENE
550 NW 9TH AVE
BOYNTON BEACH 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 NAME	DP CAIN, COURTNEY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1900 NE 2ND LANE BOYNTON BCH FL 33435	
TITLE NAME	DVP MARSHALL, VICTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	380 NW 13TH AVE. BOYNTON BCH FL 33435	
TITLE NAME	D BAKER, EVERLENE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	550 NW 9TH AVENUE BOYNTON BEACH FL 33435	
TITLE NAME	DT COVINGTON, SAMUEL III	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	509 NW 8TH COURT BOYNTON BEACH FL 33426	
TITLE NAME	VCD CELISIO, CHRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P O BOX 1401 BOYNTON BEACH FL 33425	
TITLE NAME	D FULLER, JANIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2081 NW 2ND STREET BOYNTON BEACH FL 33435	

TITLE NAME	DT DOROTHY DAVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2731 NW 2ND ST BOYNTON BEACH, FL 33435	
TITLE NAME	D JOSEPHUS McDONALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	556 NW 10TH AVE BOYNTON BEACH, FL 33435	
TITLE NAME	DS MARGARET JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	623 NW 5TH ST BOYNTON BEACH, FL 33435	
TITLE NAME	DC DAN KEEGAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6009 PARKWALK DR BOYNTON BEACH, FL 33437	
TITLE NAME	D JAMES COLLINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	110 NW 14TH AVE BOYNTON BEACH, FL 33435	
TITLE NAME	D VALERIE BUSH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1926 10TH AVE N-SUITE 206 LAKE WORTH, FL 33460	

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:

Courtney Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02
Date

(561) 752-0303
Daytime Phone #

B0034168



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)