

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90060 011 ****70.00

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1. Entity Name

BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

**404 NW 13TH AVENUE
BOYNTON BEACH FL 33435
US**

Mailing Address

**P O BOX 337
BOYNTON BCH FL 33435
US**

2. Principal Place of Business

2191 N. SEACREST BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33435

Country

USA

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **DAVIS, DORTHY**
CITY-ST-ZIP **2731 NW 2ND ST
BOYNTON BCH FL 33435**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAKER, EVERLENE**
CITY-ST-ZIP **550 NW 9TH AVENUE
BOYNTON BEACH FL 33435**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCDONALD, JOSEPHUS**
CITY-ST-ZIP **556 NW 10TH AVE
BOYNTON BEACH FL 33435**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JOHNSON, MARGARET**
CITY-ST-ZIP **623 NW 5TH ST
BOYNTON BEACH FL 33435**

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

TITLE ☐ Delete
NAME **DC**
STREET ADDRESS **KEEGAN, DON**
CITY-ST-ZIP **6009 PARKWALK DR
BOYNTON BEACH FL 33437**

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:

COURTNEY CAIN 2/5/03 561-502-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)