FILE NOW: FILING FEE IS $61.25

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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702539 (8)

1. Corporation Name
CHURCH OF THE PALMS CONGREGATIONAL INC

Principal Place of Business	Mailing Address
1960 NORTH SWINTON AVENUE DELRAY BCH. FL 33444-4328	1960 NORTH SWINTON AVENUE DELRAY BCH. FL 33444-4328

3. Date Incorporated or Qualified: 06/09/1961
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-6135858 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ATCHISON, JAMES, W.
11828 DUNES RD
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	XX DELETE	1.1 TITLE	Treasurer	☐ Change XX Addition
NAME	BRIGGS, JAMES W.		1.2 NAME	Sarah P. Dye	
STREET ADDRESS	910 CYPRESS DR		1.3 STREET ADDRESS	1240 S.W.26th Avenue	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EMERY, CHARLES		2.2 NAME		
STREET ADDRESS	3621 QUAIL RIDGE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	3.1 TITLE	Director	☐ Change XX Addition
NAME	MORGAN, JOHN		3.2 NAME	Ann Degenhart	
STREET ADDRESS	9 SLASH PINE DR.		3.3 STREET ADDRESS	12625 Barwick Road	
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DICKSON, JAMES		4.2 NAME		
STREET ADDRESS	5540 NORTH OCEAN BLVD, 3207		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sarah P. Dye SARAH P. DYE 2/15/97 (561) 276-6347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #