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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702539

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/09/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6135858 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	☒ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DYE, SARAH P.		1.2 NAME	BILL BARTHOLOMEW	
STREET ADDRESS	1240 S.W. 26TH AVE.		1.3 STREET ADDRESS	1049 DEL HAVEN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	☐ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	EMERY, CHARLES		2.2 NAME		
STREET ADDRESS	3621 QUAIL RIDGE DRIVE		2.3 STREET ADDRESS	(SAME)	
CITY-ST-ZIP	DOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DEGENHART, ANN		3.2 NAME	DOROTHY COOPER	
STREET ADDRESS	12625 BARWICK ROAD		3.3 STREET ADDRESS	731 S.W. 28TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL		3.4. CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DICKSON, JAMES		4. 2 NAME	HELEN WILSON	
STREET ADDRESS	5540 NORTH OCEAN BLVD, 3207		4.3 STREET ADDRESS	10354 GREEN TRAIL DRIVE NORTH	
CITY-ST-ZIP	OCEAN RIDGE FL		4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Charles Emery SIGNATURE REQUIRED CHARLES H. EMERY, TREASURER 4/7/99 (561)737-5448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #