2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 702539** 1. Entity Name 04-09-2004 90043 029 ****61.25 CHURCH OF THE PALMS CONGREGATIONAL INC Principal Place of Business Mailing Address 1960 NORTH SWINTON AVENUE 1960 NORTH SWINTON AVENUE DELRAY BCH. FL 33444-4328 DELRAY BCH. FL 33444-4328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-6135858 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Arnold Miller</u> STRUCKER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 7082 NW 3rd Avenue 2001 NW 134 AVE. DELRAY BEACH FL 33447 City Zip Code 33487 Boca Raton 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 Arnold Miller, Moderator SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change ☐ Addition MINCHEW, FRAN NAME 1240 SW 26TH AVE. STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE X7 Change ☐ Addition Richard Bright SANTIAGO, FELIX NAME 8591 WHISPERING OAKS WAY 604 NW 7th Street STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 Delray Beach, FL 33444 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SHERWIN, MARGUERITE NAME 55 SE 6TH AVE: #F STREET ADDRESS STREET ADDRÉSS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Addition NAME NAME Ę STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

4/1/04 561 243-2665 Richard Bright G OFFICER OR DIRECTOR Daylime Phone #

changed, or on an attachment with an address, with all other like empowered.