2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR O

Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # 702539 1. Entity Name 02-16-2005 90017 015 ****61.25 CHURCH OF THE PALMS CONGREGATIONAL INC Principal Place of Business Mailing Address 1960 NORTH SWINTON AVENUE 1960 NORTH SWINTON AVENUE 40018786 **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 (10/04) 1st MOORE City & State Applied For City & State 4. FEI Number 59-6135858 Not Applicable 7in Country Zip 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 Name MILLER, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 7082 NW 3RD AVE **BOCA RATON FL 33487** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstatir DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition MINCHEW, FRAN NAME NAME Carolyn Kettle 1240 SW 26TH AVE. STREET ADDRESS STREET ADDRESS 16 Bahia Drive, Boynton Beach FL 33436 BOYNTON BEACH FL 33426 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition BRIGHT, RICHARD NAME Patrick Carle 604 NW 7TH ST. STREET ADDRESS STREET ADDRESS 9688 Pavarotti Terrace #102 DELRAY BEACH FL 33444 CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL 33437 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHERWIN, MARGUERITE NAME NAME 55 SE 6TH AVE. #F STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY=ST=ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #