2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N94000003569

Entity Name: SONCOAST COMMUNITY CHURCH OF BOCA RATON, INC.

Current Principal Place of Business:

7500 E COUNTRY CLUB BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

7500 E COUNTRY CLUB BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0507128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWEN, D. CHRISTOPHER
3212 SHERWOOD BLVD
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COWEN, D. CHRISTOPHER	
Address:	2161 NW 40TH AVE	
City-St-Zip:	COCONUT CREEK, FL	
Title:	TD	( ) Delete
Name:	HARDEN, DAVE	
Address:	516 N. SWINTON AVENUE	
City-St-Zip:	DELRAY BEACH, FL	
Title:	DV	( ) Delete
Name:	GORDON, DAVID	
Address:	1940 NE 28 TERRACE	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	SD	( ) Delete
Name:	WILLCOX, ROBERT L	
Address:	1261 SW 27TH PLACE	
City-St-Zip:	BOYNTON BEACH, FL 33426	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D.CHRISTOPHER COWEN PD 04/21/2004

Electronic Signature of Signing Officer or Director — Date