## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005400

FILED Sep 05, 2007 Secretary of State

Entity Name: PALM BEACH CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

288 FLAMINGO DRIVE 76 IRONWOOD WAY N.

WEST PALM BEACH, FL 334017720 US PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

288 FLAMINGO DRIVE 76 IRONWOOD WAY N.

WEST PALM BEACH, FL 334017720 US PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-0651222 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAASS, MICHAEL G
288 FLAMINGO DRIVE
MAASS, MICHAEL G
76 IRONWOOD WAY N.

WEST PALM BEACH, FL 33401 US PALM BEACH GARDENS, FL 33418 US

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: 09/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: PCD (X) Change () Addition

Name: MAASS, MICHAEL G Name: MAASS, MICHAEL G Address: 288 FLAMINGO DRIVE Address: 76 IRONWOOD WAY N.

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NOSSAL, JOHN M
 Name:

 Address:
 14810 S.E. LAKESIDE DRIVE
 Address:

 City-St-Zip:
 TEQUESTA, FL
 City-St-Zip:

Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition

Name: CUSHING, THOMAS G
Address: 214 LIST ROAD Address: 1 CYPRESS COVE

Address. 214 LIST ROAD Address. I CTPRESS COVE

City-St-Zip: PALM BEACH, FL City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL G. MAASS PCD 09/05/2007