

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90044 012 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                               |                                                                                                                                                                                                |                                                                                                        |                                                                              |
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| <b>DOCUMENT # N98000004271</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                               |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>1. Entity Name</b><br>VERBO CHRISTIAN CHURCH OF WEST PALM BEACH, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                               |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>Principal Place of Business</b><br>4645 GUN CLUB RD., 8&9<br>WEST PALM BEACH, FL 33415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                               | <b>Mailing Address</b><br>4645 GUN CLUB RD., 8&9<br>WEST PALM BEACH, FL 33415                                                                                                                  |                                                                                                        |                                                                              |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | <b>3. Mailing Address</b><br>P.O. Box 17801                                                                                   |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | Suite, Apt. #, etc.                                                                                                           |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <b>City &amp; State</b><br>West Palm Beach FL                                                                                 |                                                                                                                                                                                                | <b>4. FEI Number</b><br>65-0852609                                                                     |                                                                              |
| <b>Zip</b><br>33416                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | <b>Country</b><br>USA                                                                                                         |                                                                                                                                                                                                | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br>REYES, MAURO<br>2080 MONICA DRIVE<br>WEST PALM BEACH, FL 33415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name: Reyes, Mauro<br>Street Address (P.O. Box Number is Not Acceptable): 2564 Deer Run Trail<br>Loxahatchee<br>City: FL Zip Code: 33470 |                                                                                                        |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                               |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| SIGNATURE: <u>Mauro Reyes</u> DATE: <u>3/14/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                               |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                | <b>Make check payable to Florida Department of State</b>                                               |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                   |                                                                                                        |                                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>REYES, MAURO<br>2080 MONICA DRIVE<br>WEST PALM BEACH, FL 33415   | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                     | DP<br>Reyes, Mauro<br>2564 Deer Run Trail<br>Loxahatchee, FL 33470                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DV<br>REYES, LOURDES<br>2080 MONICA DRIVE<br>WEST PALM BEACH, FL 33415 | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                     | DV<br>Reyes, Lourdes<br>2564 Deer Run Trail<br>Loxahatchee, FL 33470                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>GAITAN, DORIS<br>4966 PIMLICO CT<br>WEST PALM BEACH, FL 33415    | <input checked="" type="checkbox"/> Delete                                                                                    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                     | DS<br>MARIA T. Thomas<br>4903 Saratoga Road<br>West Palm Beach, FL 33415                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>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.</b> |                                                                        |                                                                                                                               |                                                                                                                                                                                                |                                                                                                        |                                                                              |
| <b>SIGNATURE:</b> <u>Mauro Reyes</u> DATE: <u>3/14/04</u> (701) 330-6079<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                               |                                                                                                                                                                                                |                                                                                                        |                                                                              |