


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

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 704195	
1. Entity Name	
COMMUNITY BAPTIST CHURCH OF PALM BEACH GARDENS, INC.	

Principal Place of Business	Mailing Address
BEACH GARDENS INC 596 HOLLY DRIVE PALM BEACH GARDENS FL 33410	BEACH GARDENS INC 596 HOLLY DRIVE PALM BEACH GARDENS FL 33410

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	65-0075460	Applied For	Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWAN, SHERMAN W. 596 HOLLY DRIVE PALM BEACH GARDENS FL 33410	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, LAWRENCE W	NAME	
STREET ADDRESS	175 CONSELYEA STREET APT 1	STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY 11211	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, DOROTHY L	NAME	
STREET ADDRESS	596 HOLLY DR	STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GRDNS., FL00000	CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, REV SHERMAN W	NAME	
STREET ADDRESS	596 HOLLY DR	STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GRDNS., FL00000	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKEY, BETTY W	NAME	
STREET ADDRESS	1903 S.W. 3RD AVENUE	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34974	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODERSTOM, SHERYL LUCKEY	NAME	
STREET ADDRESS	5045 WEST SECOND STREET	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34974	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Sherman W. Swan 2/21/05 561/222-4993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #