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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705616

1. Corporation Name

FIRST CHRISTIAN CHURCH OF WEST PALM BEACH, INCORPORATED

Principal Place of Business

215 SOUTH CONGRESS AVE
WEST PALM BEACH FL 33409
US

Mailing Address

215 SOUTH CONGRESS
WEST PALM BEACH FL 33409
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/15/1963

4. FEI Number

59-6187790

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GLENN D. KELLEY
886 FOREST GLEN LANE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Glenn D. Kelley

5/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME SCOTT, CHARLOTTE
STREET ADDRESS 2937 CHICKAMAUGA AVE
CITY-ST-ZIP W PALM BEACH FL 33409

T ☒ DELETE

NAME HERTEL, ANDREW
STREET ADDRESS 8541 7TH PLACE S
CITY-ST-ZIP W. PALM BCH. FL

T ☒ DELETE

NAME GEORGE, FRED
STREET ADDRESS 5212 BETHANY LANE
CITY-ST-ZIP W. PALM BCH. FL

P ☒ DELETE

NAME JONES, LOUISE
STREET ADDRESS 709 HIGHLAND
CITY-ST-ZIP WEST PALM BEACH FL

DC ☐ DELETE

NAME GROELLE, BOB
STREET ADDRESS 879 LEMONGRASS LN
CITY-ST-ZIP WEST PALM BCH FL 33414

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME Charles Branch
1.3 STREET ADDRESS 418 26th Street
1.4 CITY-ST-ZIP West Palm Beach, FL 33407

2.1 TITLE DC ☐ Change ☒ Addition

2.2 NAME Thomas Mazza
2.3 STREET ADDRESS 110 Lake Helen Dr.
2.4 CITY-ST-ZIP West Palm Beach, FL 33411

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE P & T ☒ Change ☐ Addition

5.2 NAME Bob Groelle
5.3 STREET ADDRESS 879 Lemon grass Lane
5.4 CITY-ST-ZIP West Palm Beach, FL 33414

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert C. Groelle **ROBERT C. GROELLE** 5/12/99 (561) 588-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)