2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 705616** 1. Entity Name 04-26-2004 90540 018 ****61.25 FIRST CHRISTIAN CHURCH OF WEST PALM BEACH. **INCORPORATED** Principal Place of Business Mailing Address 215 SOUTH CONGRESS AVE WEST PALM BEACH FL 33409 215 SOUTH CONGRESS WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-6187790 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLENN D. KELLEY Street Address (P.O. Box Number is Not Acceptable) 886 FOREST GLEN LANE WEST PALM BEACH FL 33414 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition SCOTT, CHARLOTTE NAME NAME 325 EXECUTIVE CENTER DRIVE #308D STREET ADDRESS STREET ADORESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-7IP TITLE C Delete TITLE Change ☐ Addition GROELLE, BOB NAME NAME 879 LEMONGRASS LN STREET ADDRESS STREET ADDRESS WEST PALM BCH FL 33414 CITY-ST-ZIP CITY-ST-ZIP Jones, Louise TITLE ☐ Delete TITLE ☐ Addition HERTEL, ANDREW 709 HIGHLAND DRIVE NAME NAME 8541 7TH PLACE SO STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 West Polm Bessell, Fl CITY-ST-ZIP CITY-ST-ZIP 33405 Change ☐ Delete TITLE BRANCH, C MERRILL NAME NAME Gress AVE #109 5200 NO FLAGLER DR #404 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition SHUMATE, CASSANDRA B NAME NAME 13794 51ST PLACE NORTH STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 City-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE Change reasurer HOMER, ROSALYND C NAME 2924 VIA PALMA STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 ILIE Wood CiTY-ST-ZiP CITY-ST-ZIP

FILED

PLAKELENE Sigila 4/22/04 561/654-3060
ROB DIRECTOR
Daytime Phone #

changed, or on an attachment with an address, with all other like empowered

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