

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90479 015 \*\*\*\*61.25

**DOCUMENT # 705616**

1. Entity 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**

**50017736**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-6187790**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SCOTT, CHARLOTTE**  
CITY-ST-ZIP **325 EXECUTIVE CENTER DRIVE #308D  
WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **HAMBRIGHT, BILL**  
CITY-ST-ZIP **6312 SEVEN SPRINGS BLVD, APT B  
GREENACRES CITY, FL 33463**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **JORN, ROGER**  
CITY-ST-ZIP **700 N. CONGRESS AVE. #69  
WEST PALM BEACH, FL 33409**

TITLE ☐ Delete  
NAME **FS**  
STREET ADDRESS **BARTLEY, JOAN**  
CITY-ST-ZIP **291 ARABIAN ROAD  
PALM SPRINGS, FL 33461**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SIPILA, CHARLENE**  
CITY-ST-ZIP **1615 WOODBRIDGE LAKES CIR.  
WEST PALM BEACH, FL 33406**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Glenn Kelley**  
STREET ADDRESS **886 Forest Glen Lane**  
CITY-ST-ZIP **West Palm Beach, FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:

**ROGER D. JORN - ROGER D. JORN**

**4/27/06**

**561-684-1447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #