2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705616

FILED Jul 03, 2008 Secretary of State

Entity Name: FIRST CHRISTIAN CHURCH OF WEST PALM BEACH, INCORPORATED

Current P	rincipal Place of Business:	New Principal Place of Business:
	H CONGRESS AVE LM BEACH, FL 33409 US	
Current M	lailing Address:	New Mailing Address:
	TH CONGRESS LM BEACH, FL 33409 US	
n accordan	: 59-6187790 FEI Number Applied For () FEI N ce with s. 607.193(2)(b), F.S., the corporation did not receiv I Address of Current Registered Agent:	lumber Not Applicable () Certificate of Status Desired () e the prior notice. Name and Address of New Registered Agent:
GLENN D. 386 FORE	-	
	named entity submits this statement for the purpose e of Florida.	e of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Registered Agent	Date
		Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
OFFICER: Title: Name: Address:	Electronic Signature of Registered Agent	
OFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address: City-St-Zip:	Electronic Signature of Registered Agent S AND DIRECTORS: T () Delete KELLEY, GLENN 886 FOREST GLEN LN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
OFFICER: Title: Name: Nddress: City-St-Zip: Title: Name: Nddress:	Electronic Signature of Registered Agent S AND DIRECTORS: T () Delete KELLEY, GLENN 886 FOREST GLEN LN WEST PALM BEACH, FL 33414 T () Delete HAMBRIGHT, BILL 6312 SEVEN SPRINGS BLVD, APT B	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electronic Signature of Registered Agent S AND DIRECTORS: T () Delete KELLEY, GLENN 886 FOREST GLEN LN WEST PALM BEACH, FL 33414 T () Delete HAMBRIGHT, BILL 6312 SEVEN SPRINGS BLVD, APT B GREENACRES CITY, FL 33463 TR () Delete SCOTT, CHARLOTTE 825 EXECUTIVE CENTER DR #3080	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: TR (X) Change () Addition Name: JAMES, CYNTHIA Address: 430 NORTH J STREET APT 1A

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA JAMES TR 07/03/2008