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02-26-1999 90026 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 706065

1. Corporation Name

COMMUNITY CHRISTIAN CHURCH OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
521 JOG ROAD W. PALM BEACH FL 33415	521 JOG ROAD W. PALM BEACH FL 33415

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 08/20/1963

4. FEI Number: 59-2113422 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLS, RONALD
301 PINEHURST ROAD
PALM SPRINGS FL 33641

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CHD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLS, RON		1.2 NAME		
STREET ADDRESS	301 PINEHURST ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL 33461		1.4 CITY-ST-ZIP		
TITLE	VCHD	☑ DELETE	2.1 TITLE	VCHD	☐ Change ☑ Addition
NAME	HUBBARD, TOM		2.2 NAME	Charles Morris	
STREET ADDRESS	4747 GLADIATOR CIRCLE		2.3 STREET ADDRESS	1037 Egremont Drive	
CITY-ST-ZIP	GREENACRES FL 33463		2.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLS, RENE		3.2 NAME		
STREET ADDRESS	15172 75TH LANE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		3.4. CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	ALENDA, PHILLIP		4. 2 NAME	David Parker	
STREET ADDRESS	5757 ELLIS HOLLOW ROAD E		4.3 STREET ADDRESS	17629 133rd Trail N.	
CITY-ST-ZIP	LAKE WORTH FL 33463		4.4 CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALINDO, PHIL CLERK		5.2 NAME		
STREET ADDRESS	16822 90TH STREET N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		5.4 CITY-ST-ZIP		
TITLE	FSD	☑ DELETE	6.1 TITLE	FSD	☐ Change ☑ Addition
NAME	MEHLENBACHER, BETTY		6.2 NAME	Maraleita Jackson	
STREET ADDRESS	311 WOODLANDS ROAD		6.3 STREET ADDRESS	2641 Gately Dr. W. #2903	
CITY-ST-ZIP	PALM SPRINGS FL 33461		6.4 CITY-ST-ZIP	West Palm Beach, FL 33415	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 1/7/99 (561) 687-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #