4/3

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-30-2001 90042 028 ****61.25

DOCUMENT # 706065

1. Entity Name

COMMUNITY CHRISTIAN CHURCH OF THE PALM BEACHES,

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
WILLS, RENE 6818 PATRICIA DRIVE W. PALM BEACH FL 33413	Name: KIMBERLY ELLIS Street Address (P.O. Box Number is Not Acceptable): 5041 SOCIETY PLACE EAST #D City: WEST PALM BEACH FL Zip Code: 33415

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.

SIGNATURE: Kimberly Ellis 5/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHD WILLS, RON 301 PINEHURST ROAD PALM SPRINGS FL 33461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLARENCE DAWKINS 7958 140th AVE N ROYAL PALM BEACH FL 33411	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCHD MORRIS, CHARLES 1037 EGREMONT DR WPB FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANDY DILLON 115 W COCONUT DR LAKE WORTH FL 33467	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLS, RENE 6818 PATRICIA DRIVE W. PALM BCH FL 33413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KIMBERLY ELLIS 5041 SOCIETY PLACE EAST #D WEST PALM BEACH FL 33415	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARKER, DAVID 17629 13 TR N JUPITER FL 34778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALINDO, PHIL CLERK 16822 90TH STREET N. LOXAHATCHEE FL 33470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOM HUBBARD 4747 GLADIATOR CIR GREENACRES FL 33463	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD JACKSON, MARALETA 2641 GATELY DR W WPB FL 33475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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

SIGNATURE: Kimberly Ellis 4-20-01 561-687-1121 x1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #