2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # 706065** 1. Entity Name 04-11-2005 90157 029 ****61.25 COMMUNITY CHRISTIAN CHURCH OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address 521 JOG ROAD 521 JOG ROAD W. PALM BEACH FL 33415 W. PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE ·CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2113422 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AKALEITH ELLIS, KIMBERLY Street Address (P.O. Box Number is Not Acceptable 5041 SOCIETY PLACE EAST #D WEST PALM BEACH FL 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be \Box Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITS F ☐ Change ☐ Addition ☐ Delete TITLE BRANDENBURG, STAN NAME NAME 5005 EL CLARO CIRCLE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP CHD TITLE ☐ Delete ☐ Change ☐ Addition DILLON, SANDY NAME NAME 115 W COCONUT DR STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP SD Change ☐ Addition Defete TITLE ELLIS, KIMBERLY NAME NAME 5041 SOCIETY PLACE EAST #D STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ Addition TITLE PARKER, DAVID NAME NAME 17629 13 TR N STREET ADDRESS STREET ADDRESS JUPITER FL 34778 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete JACKSON, MARALETA NAME NAME 2641 GATELY DR W STREET ADDRESS STREET ADDRESS WPB FL 33475 CITY-ST-ZIP CITY - ST- 71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED