2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity 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

400470??

02032007 No Chg-NP CR2E037 (4/06)

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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

JACKSON, MARALEITA
2641 GATELY DR W #2903
WEST PALM BEACH, FL 33415

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CHD VICE CHAIRMAN
NAME	DILLON, SANDY
STREET ADDRESS	115 W COCONUT DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TD
NAME	PARKER, DAVID
STREET ADDRESS	17629 13 TR N
CITY-ST-ZIP	JUPITER, FL 34778
TITLE	FSD
NAME	JACKSON, MARALETA
STREET ADDRESS	2641 GATELY DR W
CITY-ST-ZIP	WPB, FL 33475
TITLE	CHAIRMAN
NAME	GERALD NELSON
STREET ADDRESS	709 CAYUGA ST.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SECRETARY
NAME	KIMBERLY IMEL
STREET ADDRESS	717 PARKWAY CT.
CITY-ST-ZIP	Greenacres, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Maraleta K. Jackson 3/21/07 561-385-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #