2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 8:00 am Secretary of State **DOCUMENT #706065** 04-17-2008 90041 037 ****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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2113422 City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACKSON, MARALEITA 2641 GATELY DR W #2903 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33415 City Zip Code 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 _ (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VC TITLE Change ☐ Addition TITLE ☐ Delete Chair man DILLON, SANDY NAME NAME STREET ADDRESS 115 W COCONUT DR STREET ADDRESS CITY-ST-7IP LAKE WORTH, FL 33467 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PARKER, DAVID NAME NAME STREET ADDRESS 17629 13 TR N STREET ADDRESS CITY-ST-73P JUPITER, FL 34778 CITY-ST-ZIP ☐ Delete TITLE Sec - FSO Change ☐ Addition TITLE NAME JACKSON, MARALETA NAME STREET ADDRESS 2641 GATELY DR W STREET ADDRESS CITY-ST-ZIP WPB, FL 33475 CITY-ST-7/P

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 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

TITLE

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

NELSON, GERALD

JUPITER, FL 33458

709 CAYUGA ST.

IMEL, KIMBERLY

717 PARKWAY CT

changed, or on an attachment with

GREENACRES, FL 33415

SIGNATURE AND TYPED OR PRINTED HAME OF SIGN NG OFFICER OR DIRECTOR

an address, with all other like empowered.

№ Delete

2 Delete

☐ Delete

FILED

☐ Change

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☐ Addition

Addition

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