

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90032 022 ****61.25

DOCUMENT # 706144

1. Entity Name
**NATIVITY LUTHERAN CHURCH OF PALM BEACH
GARDENS, INC.**



Principal Place of Business
**OF PALM BEACH GARDENS FLORIDA
4075 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410**

Mailing Address
**OF PALM BEACH GARDENS FLORIDA
4075 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410**

50007165



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1109086

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HITCHCOCK, F. STEVEN ESQ.
123 WINTER CLUB COURT
PALM BEACH GARDENS, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **HITCHCOCK, F.S.**
STREET ADDRESS **123 WINTER CLUB COURT**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **SCHALL, HERB**
STREET ADDRESS **47 DUNBAR ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **DVP (Correction)** ☐ Change ☐ Addition
NAME **Schall, Herb**
STREET ADDRESS **11643 South Rambling Drive**
CITY-ST-ZIP **Wellington, FL 33414-5074**

TITLE **TD** ☐ Delete
NAME **KEPLER, MARGARET**
STREET ADDRESS **4335 CRESTDALE ST**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **HITCHCOCK, PATRICIA K**
STREET ADDRESS **123 WINTER CLUB COURT**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

F.S. Hitchcock

Date

Daytime Phone #