2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 03, 2006 8:00 am
Secretary of State
03-16-2006 90244 048 ****61.25

DOCUMENT # 706144

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

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

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01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1109086
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HITCHCOCK, F.S.
STREET ADDRESS	123 WINTER CLUB COURT
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DV
NAME	SCHALL, HERB
STREET ADDRESS	11643 SOUTH RAMBLING DRIVE
CITY-ST-ZIP	WELLINGTON, FL 334145074
TITLE	TD
NAME	KEPLER, MARGARET
STREET ADDRESS	4335 CRESTDALE ST
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	HITCHCOCK, PATRICIA K
STREET ADDRESS	123 WINTER CLUB COURT
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Patricia K. Hitchcock 3/29/06 561-622-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia K. Hitchcock