SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 29 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706818 (2)

1. Corporation Name
CHURCH OF CHRIST OF WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
1111-36 STREET WEST PALM BEACH FL 33407-3943	1111-36 STREET WEST PALM BEACH FL 33407-3943

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1964
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1171830 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

LESLIE, JEFFREY S.
4153 WINGO ST
JUPITER FL 33469

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	LESLIE, JEFFREY	12 NAME	
STREET ADDRESS	11130 SE FED HWY	13 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HICKERSON, DON	22 NAME	
STREET ADDRESS	100 RIVIERA DR	23 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Secretary ☐ Change ☐ Addition
NAME	HOLLAND, JOE	32 NAME	Joe D. Holland
STREET ADDRESS	11701 LAKE SHORE PLACE	33 STREET ADDRESS	11701 LAKE Shore Pl
CITY-ST-ZIP	N PALM BEACH, FL 00000	34 CITY-ST-ZIP	No. Palm Beach, FL 33408
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JOHNNY B	42 NAME	
STREET ADDRESS	4376 COLETTE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	JUPTER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOPKINS, JERRY	52 NAME	
STREET ADDRESS	2641 GATELY DR. W #102	53 STREET ADDRESS	
CITY-ST-ZIP	W.PALM BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BRONSON, STANLEY	62 NAME	
STREET ADDRESS	1530 WOODDALE TERR	63 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Joe D. Holland 06/21/95 (407) 626-2809
FILING AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010050