


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90007 012 ****61.25

DOCUMENT # <u>706818</u>	
1. Entity Name <u>PALM BEACH LAKES CHURCH OF CHRIST, INC.</u>	

DO NOT WRITE IN THIS SPACE

24013267

2. Principal Place of Business <u>4067 Leo Lane</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>West Palm Beach, FL</u>		City & State	
Zip <u>33410</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-1171830</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Dan Jenkins</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>4067 Leo Lane</u>	
	City <u>West Palm Beach, FL</u>	Zip Code <u>33410</u>

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 resigning)

DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SET</u> <u>Holland, Joe D</u> <u>11701 Lake Shore Place</u> <u>North Palm Beach, FL 33408</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PE</u> <u>Don Dodd</u> <u>8693 SE Sandridge Ave.</u> <u>Hobe Sound, FL 33455</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DET</u> <u>Hopkins, Jerry</u> <u>2572 E. Emory Dr., Villa B</u> <u>West Palm Beach, FL 33415</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPET</u> <u>Bronson, Stanley</u> <u>220 Newhaven Blvd.</u> <u>Jupiter, FL 33458</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPET</u> <u>McLeod, Daniel L</u> <u>13066 Coastal Cir.</u> <u>Palm Beach Gardens, FL 33410</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Don Dodd Don Dodd 2/17/04 561-848-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)