

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711124

FILED  
Jan 17, 2006  
Secretary of State

**Entity Name:** CAMINO REAL COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

1551 W. CAMINO REAL  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1551 W. CAMINO REAL  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 59-1273539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SEABROOKE, DAVID  
468 SW 15 AVE  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: HICKEM, NEIL  
Address: 2201 N SWINTON AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DV ( ) Delete  
Name: RAY, PAUL  
Address: 2083 N CONFERENCE DRIVE  
City-St-Zip: BOCA RATON, FL 33486

Title: DP (X) Delete  
Name: SEABROOKE, DAVID  
Address: 468 SW 15 DRIVE  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SEABROOKE, DAVID G  
Address: 468 SW 15 DRIVE  
City-St-Zip: BOCA RATON, FL 33432

Title: DT (X) Change ( ) Addition  
Name: FRANZONE, ANDREA L  
Address: 1500 SW 5TH ST  
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA FRANZONE

DT

01/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date