

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727475 (6)**

1. Corporation Name  
**WEST PALM BEACH GOSPEL HALL, INC.**

Principal Place of Business <b>297 27TH STREET WEST PALM BEACH FL 33407</b>	Mailing Address <b>297 27TH STREET WEST PALM BEACH FL 33407</b>
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2. Principal Place of Business <b>21 7201 S. FLAGLER DR</b> Suite, Apt. #, etc. <b>22 WEST PALM BEACH, FL</b> City & State <b>23 33405</b> Zip <b>24 33405</b>	2a. Mailing Address <b>26 7201 S. FLAGLER DR</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 WEST PALM BEACH, FL</b> Zip <b>29 33405</b> Country <b>25 USA</b>
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3. Date Incorporated or Qualified <b>09/18/1973</b>
4. FEI Number <b>65-0050978</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PRIOR (FREDERICK C.)  
7201 S. FLAGLER DR.  
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MITZELFELD, WARD</b>	
STREET ADDRESS	<b>375 WAYMAN CR E</b>	
CITY-ST-ZIP	<b>W PALM BCH, FL 00000</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCALEES, WILLIAM</b>	
STREET ADDRESS	<b>5-D AMHERST COURT</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	
TITLE	<b>D PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOLLENHAUER, JOHN H</b>	
STREET ADDRESS	<b>544 FLAGLER BLVD</b>	
CITY-ST-ZIP	<b>LAKE PARK, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ERNESTON, JAMES D</b>	
STREET ADDRESS	<b>7201 S. FLAGLER DR.</b>	
CITY-ST-ZIP	<b>W PALM BCH, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 *James D. Erneston*

DEP. \$61.25

CR2E037 (10/97)