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

## FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # N 00 0 0 0 0 0 5 1 7 1  1. Entity Name	$\sim$	05-24-2002 9132	25 008 ****61.25
Community Church OF South FI	orida, INC.		
Same of the same o	The state of the s	<b></b>	
DO NOT WRITE IN THIS SP	ACE		
2. Principal Place of Business 4535 SOUTHERN BIVE. 3. Mailing Address 5634 COLONG	- ed		
Suite, Apt. #, etc.  Suite, Apt. #, etc.	41 100	DO NOT WRITE IN THIS	S SPACE
West Palm Beach, FL West Palm B	each. Fl	4. FEI Number 65 104 3809	Applied For Not Applicable
33415 PALM BYACH 33413	Palm Beach	<b>5.</b> Certificate of Status Desired	\$8.75 Additional Fee Required
The second of th		. Name and Address of Current Registers	ed Agent
	Name Beat	rice Hudson	
DO NOT WRITE	Street Address (F	O. Box Number is Not Acceptable)	
IN THIS SPACE	ilime Singe		
ရီတည် ဆိုက်ရဲ့ ရေးမလို မြေသည်။ ရေးလေးရောက်ပြောက် အားသည် အခြေသက် သေး မွေးရှိနှော် ကောက်ပြုပြုပြုသည်။ မေးများ အ သြည်အသော် သည်သည်။ ရေးကေးမှာ ကြို့သို့သော ကြို့သို့သည့်အကြောက်သော် ရေသည်။ သည်မြောင်းများရှိသည် သည်မြေသည်။	CITYWEST	Palm Beach FI	L 33413
8. The above named entity submits this statement for the purpose of changing its re	egistered office or registere		
SIGNATURE		when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required to	mexitensoung) Dric	
· · · · · · · · · · · · · · · · · · ·			
9. Election Camp	paign Financing	\$5.00 May Be	ck Payable to
FEE IS \$61:25 9. Election Camp Trust Fund Co	· · ·		ck Payable to ent of State
T	· · ·		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  ITTLE DIRECTORS	· · ·		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  ITTLE DIRECTOR  NAME WILLIAM Koelle	ntribution.		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE DIRECTOR  NAME William Koelle  STREET ADDRESS 4536 Southern Blvd.	intribution.		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE DIRECTOR  NAME William Koelle  STREET ADDRESS 4535 Southern Blvd.	TITLE NAME STREET ADDRESS		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE DIRECTOR  NAME HOP, CJ. DR.  Trust Fund Co  Amended UBR  Trust Fund Co  Trust Fund	TITLE NAME STREET ADDRESS CITY ST-ZP		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  ITTLE  DIRECTOR  NAME  WILLIAM Koelle  STREET ADDRESS  4535 SOUTHERN BIVE.  CITY-ST-ZP  WEST Palm Beach, FL 33415  ITTLE  DIRECTOR  NAME  HAPP, C.J. DR.  STREET ADDRESS  4535 SOUTHERN BIVE.	TITLE NAME STREET ADDRESS CITY ST - ZP		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  ITTLE DIRECTOR  NAME William Koelle STREET ADDRESS 4535 Southern BIVE.  ITTLE DIRECTOR  NAME DIRECTOR  THE POINT BEACH, FL 33415  THE STREET ADDRESS 4535 SOUTHERN BIVE.  CITY-ST-ZIP WEST Palm Beach, FL 33415	TITLE NAME STREET ADDRESS CITY ST - ZIP TITLE NAME STREET ADDRESS		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  ITTLE  NAME  William Koelle  STREET ADDRESS 4535 Southern BIVE.  CITY-ST-ZIP West Palm Beach, Fr 33415  ITTLE  Director  Happ, C.J. DR.  STREET ADDRESS 4535 Southern Blue.  CITY-ST-ZIP West Palm Beach, Fr 334/5  ITTLE  Director  Happ, C.J. DR.  STREET ADDRESS 4535 Southern Blue.  CITY-ST-ZIP West Palm Beach, Fr 334/5  ITTLE  Director	TITLE  NAME  STREET ADDRESS  CITY ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY ST-ZIP  TITLE  NAME		
Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  ITTLE  NAME  STREET ADDRESS  TYST BP  WEST Palm Beach, FL 33415  TITLE  DIRECTOR  NAME  STREET ADDRESS  TYST BONTHUM BLUE  TITLE  DIRECTOR  HAPP, C.J. DR.  STREET ADDRESS  TYST BONTHUM BLUE  DIRECTOR  BRATTICE HINDSON  STREET ADDRESS  TYST SON THEEN BLUE  STREET ADDRESS  TYST SON THEEN BLUE  STREET ADDRESS  TREET ADRESS  TREET ADDRESS  TREET ADRESS  TREET ADDRESS  TREET ADRESS  TREET ADRESS  TREET ADRESS  TREET ADRESS  TREET ADRES	TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	Added to Fees Departm	ent of State
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12. I hereby certify that the information supplied with this filling 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:

THE PARTY OF THE P

4-29-2002 5615437380

Daytime Phone