

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

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

05-24-2002 91325 008 \*\*\*\*61.25

DOCUMENT # *N0000.000 5797*  
1. Entity Name  
*Community Church of South Florida, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*4535 SOUTHERN Blvd.*  
Suite, Apt. #, etc.

3. Mailing Address  
*5634 COCONUT Rd*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*West Palm Beach, FL*  
Zip  
*33415*  
Country  
*PALM BEACH*

City & State  
*West Palm Beach, FL*  
Zip  
*33413*  
Country  
*Palm Beach*

4. FEI Number  
*651043809*  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *Beatrice Hudson*  
Street Address (P.O. Box Number is Not Acceptable)  
*5634 Coconut Rd.*  
City *West Palm Beach* FL Zip Code *33413*

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.

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director William Koelle 4535 Southern Blvd. West Palm Beach, FL 33415</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director HAPP, C.J. DR. 4535 Southern Blvd. West Palm Beach, FL 33415</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Beatrice Hudson 4535 Southern Blvd. West Palm Beach, FL 33415</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Beatrice Hudson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-2002 9615437380*  
Date Daytime Phone #

CR2E037B (12/01)