

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 19, 2005  
Secretary of State**

DOCUMENT# N00000005797

Entity Name: COMMUNITY CHURCH OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4535 SOUTHERN BLVD  
WEST PLAM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

5634 COCONUT RD  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

FEI Number: 65-1043809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HUDSON, BEATRICE  
5634 COCONUT RD  
WEST PALM BEACH, FL 33413      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: D      ( ) Delete  
Name: KOELLE, WILLIAM  
Address: 4535 SOUTHERN BLVD  
City-St-Zip: WEST PLAM BEACH, FL 33415

Title: D      ( ) Delete  
Name: HAPP, C.J. DR  
Address: 4535 SOUTHERN BLVD  
City-St-Zip: WEST PLAM BEACH, FL 33415

Title: D      ( ) Delete  
Name: HUDSON, BEATRICE  
Address: 4535 SOUTHERN BLVD  
City-St-Zip: WEST PLAM BEACH, FL 33415

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

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

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

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 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 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: WM. F KOELLE

D

06/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date