


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 025 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000005797					
1. Entity Name COMMUNITY CHURCH OF SOUTH FLORIDA, INC.					
Principal Place of Business 4535 SOUTHERN BLVD WEST PALM BEACH, FL 33415			Mailing Address 5634 COCONUT RD WEST PALM BEACH, FL 33413		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1043808	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, BEATRICE 5634 COCONUT RD WEST PALM BEACH, FL 33413			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when amending)</small>					
FILE NUMBER: FEELIS 051525		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOELLE, WILLIAM	NAME			
STREET ADDRESS	4636 SOUTHERN BLVD	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAPP, C.J. DR	NAME			
STREET ADDRESS	4636 SOUTHERN BLVD	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUDSON, BEATRICE	NAME			
STREET ADDRESS	4636 SOUTHERN BLVD	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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 and I, or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>B Hudson</i>		SIGNATURE <i>Beatrice Hudson</i>		DATE <i>April 30, 2003</i>	
IDENTIFY AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		IDENTIFY AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

11040976



CHECK HERE IF MAKING CHANGES

CR2E037 (1/02)