

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90250 005 \*\*\*\*61.75

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MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000001323</b>			
1. Entity Name <b>CHRISTIAN LIFE CENTER OF THE PALM BEACHES, INC.</b>			
Principal Place of Business <b>16570 SOUTHERN BOULEVARD LOXAHATCHEE FL 33470</b>		Mailing Address <b>P O BOX 211838 ROYAL PALM BEACH FL 33421</b>	
2. Principal Place of Business <b>16569 Southern Boulevard</b>		3. Mailing Address <b>Box 211838</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Loxahatchee, FL</b>		City & State <b>Royal Palm Beach, FL</b>	
Zip <b>33470</b>	Country	Zip <b>33421</b>	Country <b>AMERICA</b>
6. Name and Address of Current Registered Agent <b>FELD, JAMES E 16570 SOUTHERN BOULEVARD LOXAHATCHEE FL 33470</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>16569 Southern Boulevard</b> City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> FELD, JAMES E P O BOX 211838 LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> FELD, TAMMY L P O BOX 211838 LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> FELD, JONATHAN P 16570 SOUTHERN BOULEVARD LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16569 Southern Boulevard</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> URSHAN, NATNANIEL A 16570 SOUTHERN BOULEVARD LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16569 Southern Boulevard</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FELD, J P 16570 SOUTHERN BOULEVARD LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16569 Southern Boulevard</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: <b>4/14/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	