


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

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000001323  
 1. Entity Name  
 CHRISTIAN LIFE CENTER OF THE PALM BEACHES, INC.



Principal Place of Business      Mailing Address  
 16569 SOUTHERN BOULEVARD      P O BOX 211838  
 LOXAHATCHEE, FL 33470      ROYAL PALM BEACH, FL 33421



04292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 11-3678813      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FELD, JAMES E  
 16569 SOUTHERN BOULEVARD  
 LOXAHATCHEE, FL 33470

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

Filing Fee is \$61.25 Due by May 1, 2005      9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FELD, JAMES E
STREET ADDRESS	P O BOX 211838
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	STD
NAME	FELD, TAMMY L
STREET ADDRESS	P O BOX 211838
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	VD
NAME	FELD, JONATHAN P
STREET ADDRESS	16569 SOUTHERN BOULEVARD
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	URSHAN, NATNANIEL A
STREET ADDRESS	16569 SOUTHERN BOULEVARD
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	FELD, J P
STREET ADDRESS	16569 SOUTHERN BOULEVARD
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000362690  
 05/05/05-80127-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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:  JAMES E. FELD      561-333-8922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #