

**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
16569 SOUTHERN BOULEVARD
LOXAHATCHEE, FL 33470

Mailing Address
P O BOX 211838
ROYAL PALM BEACH, FL 33421



DO NOT WRITE IN THIS SPACE

04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-3678813 Applied For 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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IN THIS SPACE**

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 rehashing)

DATE

**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 FELO, 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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. FELD

4/30/05

561-333-8922

Date

Daytime Phone #