

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2007
Secretary of State**

DOCUMENT# N03000001323

Entity Name: CHRISTIAN LIFE CENTER OF THE PALM BEACHES, INC.

Current Principal Place of Business:

16569 SOUTHERN BOULEVARD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P O BOX 211838
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 11-3678813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELD, JAMES E
16569 SOUTHERN BOULEVARD
LOXAHATCHEE, FL 33470 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: P () Delete
Name: FELD, JAMES E
Address: P O BOX 211838
City-St-Zip: LOXAHATCHEE, FL 33470

Title: STD () Delete
Name: FELD, TAMMY L
Address: P O BOX 211838
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: FELD, JONATHAN P
Address: 16569 SOUTHERN BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: URSHAN, NATNANIEL A
Address: 16569 SOUTHERN BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: FELD, J P
Address: 16569 SOUTHERN BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: FELD, TAMMY L
Address: P O BOX 211838
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD (X) Change () Addition
Name: FELD, J P
Address: 16569 SOUTHERN BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

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

Title: D (X) Change () Addition
Name: FELD, JOY
Address: 16569 SOUTHERN BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Change (X) Addition
Name: HOPPER, GRAIG
Address: 16569 SOUTHERN BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: J.P. FELD

Electronic Signature of Signing Officer or Director

VPD

04/09/2007

Date