

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001323

FILED  
Apr 28, 2008  
Secretary of State

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E FELD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/28/2008

\_\_\_\_\_  
Date