

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001323

FILED
Apr 20, 2011
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
Name: FELD, JAMES E
Address: P O BOX 211838
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD
Name: FELD, JONATHAN P
Address: 16569 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33470

Title: SD
Name: MATTHEWS, LIA C
Address: 16569 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33470

Title: D
Name: ROBBIE, MITCHELL
Address: 2813 CUMBERLAND ROAD
City-St-Zip: FAYATTEVILLE, NC 28306

Title: D
Name: DAVIS, STACY K
Address: 124 APRIL GRAY LANE
City-St-Zip: MYRTLE BEACH, SC 29579

Title: TD
Name: FELD, TAMI L
Address: 16569 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: JAMES E FELD

PD

04/20/2011

Electronic Signature of Signing Officer or Director

Date