

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003704**

**1. Entity Name**  
**NEW GENESIS CHRISTIAN CENTER OF WEST PALM BEACH INC.**



**Principal Place of Business**

**COCO PLUM PLAZA  
2845 N MILITARY TRAIL STE 26  
W PALM BCH, FL 33409**

**Mailing Address**

**COCO PLUM PLAZA  
2845 N MILITARY TRAIL STE 26  
W PALM BCH, FL 33409**



01082005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**11-3001810**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BCH GARDENS, FL 33410**

**DO NOT WRITE  
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 rechartering)

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**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>BROWN, JUDY REV. DR</b>
<b>STREET ADDRESS</b>	<b>COCO PLUM PLAZA</b>
<b>CITY-ST-ZIP</b>	<b>W PALM BCH, FL 33409</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>JOSEPH, VALERIA REV.</b>
<b>STREET ADDRESS</b>	<b>COCO PLUM PLAZA</b>
<b>CITY-ST-ZIP</b>	<b>W PALM BCH, FL 33409</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>MILLER, ROSEMARIE EVANGEL</b>
<b>STREET ADDRESS</b>	<b>COCO PLUM PLAZA</b>
<b>CITY-ST-ZIP</b>	<b>W PALM BCH, FL 33409</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 817, 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

Date

Daytime Phone #

*R. Miller*  
2/15/05