


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90016 026 ****68.00

DOCUMENT # N03000003704 1. Entity Name NEW GENESIS CHRISTIAN CENTER OF WEST PALM BEACH INC.	
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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
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01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 11-3001810	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JUDY REV. DR COCO PLUM PLAZA W PALM BCH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, VALERIA REV. COCO PLUM PLAZA W PALM BCH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROSEMARIE EVANGEL COCO PLUM PLAZA W PALM BCH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: R. Miller 1/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #