

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90068 040 ****70.00

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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**



01132008 No Chg-NP

CR2E037 (4/06)

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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**

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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, JUDY REV. DR
STREET ADDRESS	P.O. BOX 210665
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421
TITLE	D
NAME	JOSEPH, VALERIA REV.
STREET ADDRESS	P.O. BOX 210665
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421
TITLE	D
NAME	MILLER, ROSEMARIE EVANGEL
STREET ADDRESS	P.O. BOX 210665
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08

Date

Daytime Phone #