2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N03000011087

Entity Name: SONFEST CHAPEL OF BOYNTON BEACH OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:

9764 S MILITARY TRAIL
BOYNTON BCH, FL 33436

New Principal Place of Business:

Current Mailing Address:

C/O BRIAN M. SHORE
4563 CONCORDIA LN
BOYNTON BCH, FL 33436

New Mailing Address:

FEI Number: 42-1614373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINS, RUTH M
240-C HIGH PT BLVD
BOYNTON BCH, FL 33435 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:	PD	( ) Delete
Name:	SHORE, BRIAN M	
Address:	4563 CONCORDIA LN AIL	
City-St-Zip:	BOYNTON BCH, FL 33436	
Title:	DV	( ) Delete
Name:	O'FARRELL, TEDDY	
Address:	6268 WINDLASS CIR	
City-St-Zip:	BOYNTON BCH, FL 33437	
Title:	TD	( ) Delete
Name:	MIDDLETON, ANTHONY M	
Address:	9695 COLOCASIA WAY	
City-St-Zip:	BOYNTON BCH, FL 33436	
Title:	SD	( ) Delete
Name:	ROBINETTE, CHRIS	
Address:	1105 WATERWAY VILLAGE CT	
City-St-Zip:	W PALM BCH, FL 33413	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIAN M. SHORE PD 05/01/2004

Electronic Signature of Signing Officer or Director — Date