

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011087

FILED  
Jan 20, 2006  
Secretary of State

**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 US

**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 REV  
240 HIGH POINT BOULEVARD  
UNIT C  
BOYNTON BCH, FL 33435 US

**Name and Address of New Registered Agent:**

KNOX, MICHELE  
504 W BRANCH ST  
LANTANA, FL 33462 US

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: MICHELE KNOX

01/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHORE, BRIAN M REV.  
Address: 4563 CONCORDIA LN  
City-St-Zip: BOYNTON BCH, FL 33436 US

Title: DV ( ) Delete  
Name: O'FARRELL, TEDDY J REV  
Address: 6268 WINDLASS CIR  
City-St-Zip: BOYNTON BCH, FL 33437 US

Title: TD ( ) Delete  
Name: MIDDLETON, ANTHONY M  
Address: 9695 COLOCASIA WAY  
City-St-Zip: BOYNTON BCH, FL 33436 US

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 Chapter 119, 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 SHORE

PD

01/20/2006

Electronic Signature of Signing Officer or Director

Date