



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb-28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05707</b>	
1. Entity Name <b>FIRST CHURCH OF THE NAZARENE, WEST PALM BEACH, INC.</b>	

Principal Place of Business <b>FIRST CHURCH OF THE NAZARENE 5601 FOREST HILL BLVD. WEST PALM BEACH, FL 33415 US</b>	Mailing Address <b>C/O REV. TIMOTHY KILBY 1675 BRESEE RD. WEST PALM BEACH, FL 33415 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2374830</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KILBY, REV. TIMOTHY 1675 BRESEE RD. WEST PALM BEACH, FL 33415</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000070340 03/01/04-80139-005 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KILBY, REV. TIMOTHY 1712 BRESEE RD W PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEUTER, RUTH 1615 WOODLAND AVE. W. PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIPTON, MARIBETH 1147 HATTERAS CIRCLE WEST PALM BEACH, FL 33413
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 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 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:** *A. Ruth Beuter* **A. RUTH BEUTER** **2-26-04** **(561) 967-1907**

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