


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05707</b> 1. Entity Name <b>FIRST CHURCH OF THE NAZARENE, WEST PALM BEACH, INC.</b>						<b>FILED</b> <b>06 MAY 30 AM 9:49</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																																																																					
Principal Place of Business <b>FIRST CHURCH OF THE NAZARENE</b> <b>5601 FOREST HILL BLVD.</b> <b>WEST PALM BEACH, FL 33415 US</b>				Mailing Address <b>C/O REV. TIMOTHY KILBY</b> <b>1675 BRESEE RD.</b> <b>WEST PALM BEACH, FL 33415 US</b>																																																																																																																																							
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address <b>1712 Bresee Rd.</b> Suite, Apt. #, etc.																																																																																																																																							
City & State Zip Country				City & State <b>West Palm Beach FL</b> Zip Country <b>33415 Palm Beach</b>																																																																																																																																							
4. FEI Number <b>59-2374830</b>				Applied For <input type="checkbox"/> 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</b> <b>1675 BRESEE RD.</b> <b>WEST PALM BEACH, FL 33415</b>				7. Name and Address of New Registered Agent Name <b>Kilby, Rev. Timothy</b> Street Address (P.O. Box Number is Not Acceptable) <b>1712 Bresee Rd.</b> City <b>West Palm Beach FL</b> Zip Code <b>33415</b>																																																																																																																																							
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 <u>Timothy Kilby</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>05/26/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																							
<b>FILE NOW!!! FEE IS \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																							
Make check payable to <b>Florida Department of State</b>																																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">CD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>KILBY, REV. TIMOTHY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1712 BRESEE RD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>W PALM BEACH, FL 33415</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BEUTER, RUTH</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1615 WOODLAND AVE.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>W. PALM BEACH, FL 33415</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>TIPTON, MARIBETH</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1147 HATTERAS CIRCLE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>WEST PALM BEACH, FL 33413</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>SP Guthrie, Sue</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>91 West Coconut Drive</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Lake Worth, FL 33467</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>								TITLE	CD	<input type="checkbox"/> Delete	NAME	<b>KILBY, REV. TIMOTHY</b>		STREET ADDRESS	<b>1712 BRESEE RD</b>		CITY-ST-ZIP	<b>W PALM BEACH, FL 33415</b>		TITLE	TD	<input type="checkbox"/> Delete	NAME	<b>BEUTER, RUTH</b>		STREET ADDRESS	<b>1615 WOODLAND AVE.</b>		CITY-ST-ZIP	<b>W. PALM BEACH, FL 33415</b>		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	<b>TIPTON, MARIBETH</b>		STREET ADDRESS	<b>1147 HATTERAS CIRCLE</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33413</b>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<b>SP Guthrie, Sue</b>		STREET ADDRESS	<b>91 West Coconut Drive</b>		CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete																																																																																																																																									
NAME	<b>KILBY, REV. TIMOTHY</b>																																																																																																																																										
STREET ADDRESS	<b>1712 BRESEE RD</b>																																																																																																																																										
CITY-ST-ZIP	<b>W PALM BEACH, FL 33415</b>																																																																																																																																										
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																																									
NAME	<b>BEUTER, RUTH</b>																																																																																																																																										
STREET ADDRESS	<b>1615 WOODLAND AVE.</b>																																																																																																																																										
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33415</b>																																																																																																																																										
TITLE	SD	<input checked="" type="checkbox"/> Delete																																																																																																																																									
NAME	<b>TIPTON, MARIBETH</b>																																																																																																																																										
STREET ADDRESS	<b>1147 HATTERAS CIRCLE</b>																																																																																																																																										
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33413</b>																																																																																																																																										
TITLE		<input type="checkbox"/> Delete																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Delete																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Delete																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																									
NAME	<b>SP Guthrie, Sue</b>																																																																																																																																										
STREET ADDRESS	<b>91 West Coconut Drive</b>																																																																																																																																										
CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>																																																																																																																																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
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: <u>Timothy Kilby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>05/26/06</b> DAYTIME PHONE # <b>561 304-0902</b>																																																																																																																																							