


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05707 1. Entity Name FIRST CHURCH OF THE NAZARENE, WEST PALM BEACH, INC.	
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FILED
 06 MAY 30 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business FIRST CHURCH OF THE NAZARENE 5601 FOREST HILL BLVD. WEST PALM BEACH, FL 33415 US	Mailing Address C/O REV. TIMOTHY KILBY 1675 BRESEE RD. WEST PALM BEACH, FL 33415 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1712 Bresee Rd. Suite, Apt. #, etc.
City & State City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33415	Country FL

REINSTATEMENT
 05262006 REIN-NP] ETEP] CR2E099 (1/1/05) 05-06

4. FEI Number 59-2374830	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KILBY, REV. TIMOTHY 1675 BRESEE RD. WEST PALM BEACH, FL 33415	
7. Name and Address of New Registered Agent Name Kilby, Rev. Timothy Street Address (P.O. Box Number is Not Acceptable) 1712 Bresee Rd. City West Palm Beach FL Zip Code 33415	

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 Timothy Kilby DATE 05/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KILBY, REV. TIMOTHY 1712 BRESEE RD W PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400075971784 06/08/06--01006--017 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEUTER, RUTH 1615 WOODLAND AVE. W. PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIPTON, MARIBETH 1147 HATTERAS CIRCLE WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3P Guthrie, Sue 91 West Coconut Drive Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy Kilby DATE 05/26/06 DAYTIME PHONE # 561 3040902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR