2004 NOT-FOR-PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N11069** 04-16-2004 90060 034 ****61.25 1. Entity Name PALM BEACH COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 74473708 3970 RCA BLVD SUITE 7009 3970 RCA BLVD SUITE 7009 PALM BCH GARDENS, FL 33410 PALM BCH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-2576297 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAUL CONNEALY KIEDIS, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 3970 RCA BLVD **SUITE 7009** ROAD I7 CAMBRIA EAST PALM BCH GARDENS, FL 33410 Zip Code 33418 PALM BEACH GARDENS FL 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 famillar with, and accept the obligations of registered agent. SIGNATURE d Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ☐ Change Addition TITLE PAUL CONNEALY NAME UNDERWOOD, RAYMOND E. NAME 17 CAMBRIA RUAD EAST STREET ADDRESS 12780 WOODMILL RD STREET ADDRESS PALM BEACH GALDENS-FL- 33418 PALM BEACH GARDENS, FL CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete DT F KIEDIS, THOMAS L. NAME NAME 9762 HONEYSUCKLE AVE. STREET AODRESS STREET ADDRESS PALM BEACH GRONS, FL CITY-ST-ZIP COY-ST-7P Oelete TITLE ☐ Change Addition TITLE BRADENBURG, JILL NAME NAME 272 E. RIVER PARK DRIVE STREET ADDRESS STREET ADDRESS JUPITER, FL CITY-ST-ZIP CITY-ST-ZIP πιε T Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS

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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

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changed, or on an attachment with an add

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