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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20563** **(5)**

1. Corporation Name

METROPOLITAN COMMUNITY CHURCH OF THE PALM BEACHE S, INC.

Principal Place of Business	Mailing Address
3500 45TH P.O. BOX 18527 WEST PALM BEACH FL 33407	PO BOX 18527 WEST PALM BEACH FL 33416-8527 US

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2576860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINLEY, ROBERT
204 WALTON HEATH DRIVE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name: Clouse, Glenn
82 Street Address (P.O. Box Number is Not Acceptable): 913 Lighthouse Drive
83
84 City: North Palm Beach **FL** 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Glenn L. Clouse Glenn . Clouse 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	FINLEY, ROBERT		1.2 NAME	Clouse, Glenn	
STREET ADDRESS	204 WALTON HEATH DRIVE		1.3 STREET ADDRESS	913 Lighthouse Drive	
CITY-ST-ZIP	ATLANTIS FL		1.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NORRHOLM, CHRISTINA		2.2 NAME		
STREET ADDRESS	2225-F SPRING HARBOR DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	KIRSCHIEPER, MARK		3.2 NAME	Ross, Gerald	
STREET ADDRESS	4899-B1 SABLE PINE CIR		3.3 STREET ADDRESS	208 19th Street North	
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE	MP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, MARION		4.2 NAME		
STREET ADDRESS	632 KOLMIA DR W		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Gerald Ross 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041420