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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2576860

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOUSE, GLENN
913 LIGHTHOUSE DR
NORTH PALM BCH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	CLOUSE, GLENN	
STREET ADDRESS	913 LIGHTHOUSE DR	
CITY-ST-ZIP	N PLAM BCH FL	

TITLE	SD	☐ DELETE
NAME	NORRHOLM, CHRISTINA	
STREET ADDRESS	2225-F SPRING HARBOR DR	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	TD	☐ DELETE
NAME	ROSS, GERALD	
STREET ADDRESS	208 19TH ST NORTH	
CITY-ST-ZIP	LAKE WORTH FL	

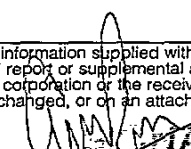
TITLE	MP	☐ DELETE
NAME	HARRISON, MARION	
STREET ADDRESS	632 KOLMIA DR W	
CITY-ST-ZIP	LAKE PARK FL	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. 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 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:

 **Gerald Ross**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1/19/98

Date

Daytime Phone # 0042357

CR2E037 (10/97)