FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90020 037 ****61.25

DOCUMENT # N20563

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/11/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2576860 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CLOUSE, GLENN
913 LIGHTHOUSE DR
NORTH PALM BCH FL 33408

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	CLOUSE, GLENN		1.2 NAME	VD Deischer, Ruth
STREET ADDRESS	913 LIGHTHOUSE DR		1.3 STREET ADDRESS	5481 Pointer Drive
CITY-ST-ZIP	N PLAM BCH FL		1.4 CITY-ST-ZIP	West PALM BEACH, FL 33415
TITLE	SD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition SD
NAME	NORRHOLM, CHRISTINA		2.2 NAME	Norrholm, Christina
STREET ADDRESS	2225-F SPRING HARBOR DR		2.3 STREET ADDRESS	7578 Northtree Club Drive
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	TD	☑ DELETE	3.1 TITLE	☐ Change ☑ Addition D
NAME	ROSS, GERALD		3.2 NAME	Kuenzli, Glen
STREET ADDRESS	208 19TH ST NORTH		3.3 STREET ADDRESS	218 Foxtail Dr.
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	West PALM BEACH, FL 33415
TITLE	MP	☑ DELETE	4.1 TITLE	☐ Change ☑ Addition VD
NAME	HARRISON, MARION		4.2 NAME	Fortino, Ursula
STREET ADDRESS	632 KOLMIA DR W		4.3 STREET ADDRESS	410 Wilder Street
CITY-ST-ZIP	LAKE PARK FL		4.4 CITY-ST-ZIP	West PALM BEACH, FL 33405
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☑ Addition D
NAME			5.2 NAME	Hurst, Robert
STREET ADDRESS			5.3 STREET ADDRESS	3509 Eastview Ave.
CITY-ST-ZIP			5.4 CITY-ST-ZIP	West PALM BEACH FL 33407
TITLE		☐ DELETE	6.1 TITLE	☑ Change ☐ Addition TD
NAME			6.2 NAME	Clouse, Glenn
STREET ADDRESS			6.3 STREET ADDRESS	913 Lighthouse Drive
CITY-ST-ZIP			6.4 CITY-ST-ZIP	North PALM BEACH, FL 33408

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Glenn Clouse 1/5/99 561 540-3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #