2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N28665

Entity Name: THE CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF WEST PALM BEACH, FLORIDA

Current Principal Place of Business:

1815 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1815 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-2031622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REELITZ, TRICIA
1174 FERNIEA DR EAST
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	BAUER, DENNIS	
Address:	1910 CARISSA RD	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	T	( ) Delete
Name:	BRADLEY, ELDEN C III	
Address:	3131 FRENCH AVE	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	VP	( ) Delete
Name:	STUTZMAN, BRUCE	
Address:	8119 N BORO CT #19C	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	S	( ) Delete
Name:	REELITZ, TRICIA	
Address:	1174 FERNLEA DR	
City-St-Zip:	WEST PALM BEACH, FL 33417	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS M. BAUER CD 03/13/2008

Electronic Signature of Signing Officer or Director — Date