FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45219** **(5)**

1. Corporation Name

NEW COMMUNITY CHURCH OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
PO BOX 16600 W PALM BCH FL 33416 US	PO BOX 16600 W PALM BCH FL 33416 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0226878 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 12230 W Forest Hill Blvd.	26 12230 W Forest Hill Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 W Palm Beach FL 33414	City & State 28 W Palm Beach FL 33414
Zip / Country 24 33414 / 25 Palm Beach	Zip / Country 29 33414 / 30 Palm Beach

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSS, RANDY 1175 LONGLEA TERR WEST PALM BEACH FL 33414	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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, RANDY	1.2 NAME		
STREET ADDRESS	1175 LONGLEA TERR	1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PHELPS, JOHN	2.2 NAME	BLACKWOOD, GLENN	
STREET ADDRESS	1115 AVIARY RD.	2.3 STREET ADDRESS	3480 Ambassador Road	
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	Wellington FL 33414	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HARRIS, DOUG	3.2 NAME	NEAL, RICK	
STREET ADDRESS	372 LAMANCHA AVE	3.3 STREET ADDRESS	15750 Rolling Meadow Circle	
CITY-ST-ZIP	ROYAL PALM BEACH FL	3.4 CITY-ST-ZIP	Wellington FL 33414	
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWNING, DAVE	4.2 NAME		
STREET ADDRESS	3058 D ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, JOHN	5.2 NAME		
STREET ADDRESS	13734 CALLINGTON DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JOHN	6.2 NAME		
STREET ADDRESS	529 OLD COUNTRY RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Randy Ross Randy Ross 4/19/95 407-793-6889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #