


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49874</b>	
1. Entity Name <b>CHRIST EVANGELICAL BAPTIST CHURCH, INC.</b>	

Principal Place of Business <b>P O BOX 10147 RIVIERA BEACH, FL 33419 US</b>	Mailing Address <b>P O BOX 10147 RIVIERA BEACH, FL 33419 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0266810</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MOCLINTON, REV. ALLEN  
1415 - 42ND STREET  
W. PALM BEACH, FL 33407**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, NORRIS 1460 - 8TH ST. WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, W. FRANK 1530 - 45TH ST. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DAVIS, RALPH 470 WEST 36TH ST. RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRAZIER, BETTY J 733 W3RD ST WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P BURNS, LITTLE R 808 TIFFANY DR WEST #4 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FOSTER, DENISE 803 TIFFANY DR WEST #1 WEST PALM BEACH, FL 33407

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01/24/05-80092-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D/P Little R Burns 1/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TO PRINT IF