

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000956 (2)

1. Corporation Name

CHURCH OF THE PALM BEACHES, INC.



Principal Place of Business

**3500 45TH ST.
WEST PALM BEACH FL 33407
US**

Mailing Address

**P.O. BOX 20632
WEST PALM BEACH FL 33416**

3. Date Incorporated or Qualified
02/24/1994

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

4. FEI Number
65-0416004

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BURDEN, BETSY S
3500 45TH ST.
WEST PALM BEACH FL 33416**

10. Name and Address of New Registered Agent

81 Name

BURDEN, Betsy S.

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

13367 La Mirada Circle

83

84 City

West Palm Beach FL

85 Zip Code

33414

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, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TR** ☐ DELETE
NAME **KEATHLEY, KEVIN**
STREET ADDRESS **5580 SHIRLEY DRIVE**
CITY - ST - ZIP **JUPITER FL 33458**

TITLE **TR** ☐ DELETE
NAME **PLAMER, DAVID**
STREET ADDRESS **6123 WILDCAT RUN**
CITY - ST - ZIP **WEST PALM BEACH FL 33412**

TITLE **TR** ☐ DELETE
NAME **BURDEN, DAN**
STREET ADDRESS **13367 LA MIRADA CIRCLE**
CITY - ST - ZIP **WEST PALM BEACH FL 33414**

TITLE **S** ☐ DELETE
NAME **BURDEN, BETSY S**
STREET ADDRESS **13367 LA MIRADA CIRCLE**
CITY - ST - ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☒ Change ☐ Addition

21 TITLE
22 NAME **PALMER, David**
23 STREET ADDRESS **3500 45th St.**
24 CITY - ST - ZIP **West Palm Beach, FL 33407** ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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: **Betsy S. Burden**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betsy S. Burden

4-7-96

Date

407/798-9877

Daytime Phone #

CR2E037 (12/95)