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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**3500 45TH ST.
WEST PALM BEACH FL 33407
US****P.O. BOX 20632
WEST PALM BEACH FL 33416-0632**

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****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

10. Name and Address of New Registered Agent

**BURDEN, BETSY S
13367 LA MIRADA CIRCLE
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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TR** ☐ DELETE
NAME **KEATHLEY, KEVIN**
STREET ADDRESS **5580 SHIRLEY DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **TR** ☐ DELETE
NAME **PLAMER, DAVID**
STREET ADDRESS **3500 45TH ST**
CITY-ST-ZIP **WEST PALM BEACH FL**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PALMER, DAVID**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **TR** ☐ DELETE
NAME **BURDEN, DAN**
STREET ADDRESS **13367 LA MIRADA CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **S** ☐ DELETE
NAME **BURDEN, BETSY S**
STREET ADDRESS **13367 LA MIRADA CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

DAVID PALMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/10/97**
Date**561/689-7337**
Daytime Phone # **0041444**

CR2E037 (9/96)