2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005400

FILED Jun 26, 2009 Secretary of State

Entity Name: PALM BEACH CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

76 IRONWOOD WAY N. 145 HIDDEN HOLLOW TERRACE

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

76 IRONWOOD WAY N.

145 HIDDEN HOLLOW TERRACE
PALM BEACH GARDENS, FL 33418 US

PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-0651222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAASS, MICHAEL G MAASS, MICHAEL G

76 IRONWOOD WAY N.

145 HIDDEN HOLLOW TERRACE
PALM BEACH GARDENS, FL 33418 US

PALM BEACH GARDENS, FL 33418 US

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: 06/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: PCD (X) Change () Addition

Name: MAASS, MICHAEL G Name: MAASS, MICHAEL G

Address: 76 IRONWOOD WAY N. Address: 145 HIDDEN HOLLOW TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VSD () Delete Title: () Change () Addition Name: NOSSAL, JOHN M Name:

 Address:
 14810 S.E. LAKESIDE DRIVE
 Address:

 City-St-Zip:
 TEQUESTA, FL
 City-St-Zip:

Title: VTD () Delete Title: () Change () Addition

 Name:
 CUSHING, THOMAS G
 Name:

 Address:
 1 CYPRESS COVE
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 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: MICHAEL G. MAASS PCD 06/26/2009