

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000003356 (0)
1. Corporation Name
FIRST CHURCH OF GOD IN CHRIST OF WEST PALM BEACH, INC.



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|---|--|
| Principal Place of Business 610 - 14TH ST. WEST PALM BEACH FL 33401 | Mailing Address 610 - 14TH ST. WEST PALM BEACH FL 33401-2502 |
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|--|-------------------------|
| 3. Date Incorporated or Qualified 06/24/1996 | 3a. Date of Last Report |
|--|-------------------------|

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|---|---|--|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 P.O. Box 487 | 4. FEI Number 65-0688526 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State West Palm Beach, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 33402-0487 | Country 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

**WASHINGTON, KENNETH
10460 S.W. 160TH ST.
MIAMI FL 33157**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WASHINGTON, KENNETH | 1.2 NAME | |
| STREET ADDRESS | 10460 S.W. 160TH ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33157 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDSON, WILLIE | 2.2 NAME | |
| STREET ADDRESS | 201 LAINHART CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENS, DORIS | 3.2 NAME | |
| STREET ADDRESS | 610 - 14TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Kenneth Washington **Kenneth Washington** 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038149

CR2E037 (9/96)