


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90264 021 \*\*\*\*70.00

|   |                           |  |  |   |  |    |          |
|---|---------------------------|--|--|---|--|----|----------|
| <b>DOCUMENT # N96000003356</b>  |                           |  |  |  |  |    |          |
| 1. Entity Name<br><b>FIRST CHURCH OF GOD IN CHRIST OF WEST PALM BEACH, INC.</b>   |                           |  |  |   |  |    |          |
| Principal Place of Business<br>610 - 14TH ST.<br>WEST PALM BEACH, FL 33401  |                           |  | Mailing Address<br>P.O. BOX 487<br>WEST PALM BEACH, FL 33402-0487 US |   |  |    |          |
| 2. Principal Place of Business  |                           | 3. Mailing Address   |  |   |  |    |          |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.  |  |   |  |    |          |
| City & State  |                           | City & State   |  |   |  |    |          |
| Zip   | Country                   | Zip  | Country  | 4. FEI Number<br><b>65-0688516</b>  |  |    |          |
|   |                           |  |  | Applied For<br>Not Applicable   |  |    |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                           |  |  | \$8.75 Additional Fee Required  |  |    |          |
| 6. Name and Address of Current Registered Agent   |                           |  | 7. Name and Address of New Registered Agent                          |   |  |    |          |
| <b>HUGHES, TRACY L</b><br>1121 NW 43RD AVE<br>LOUDERHILL, FL 33313  |                           |  | Name   |   |  |    |          |
|   |                           |  | Street Address (P.O. Box Number is Not Acceptable)                   |   |  |    |          |
|   |                           |  | City   |   |  | FL | Zip Code |
|   |                           |  |  |   |  |    |          |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                           |  |  |   |  |    |          |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |    |          |
| Make check payable to Florida Department of State   |                           |  |  |   |  |    |          |
| 10. OFFICERS AND DIRECTORS  |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                |   |  |    |          |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  | PASTOR  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |    |          |
| NAME  | HUGHES, TRACY L           |  | NAME   | TRACY L. Hughes   |  |    |          |
| STREET ADDRESS  | 1121 NW 43RD AVE          |  | STREET ADDRESS   | 2111 Cove Lake Rd   |  |    |          |
| CITY-ST-ZIP   | LOUDERHILL, FL 33313      |  | CITY-ST-ZIP  | N. Lauderdale, FL 33068   |  |    |          |
| TITLE   | D                         | <input checked="" type="checkbox"/> Delete                                       | TITLE  | D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |    |          |
| NAME  | BOWENS, JOE               |  | NAME   | Stevens, Doris  |  |    |          |
| STREET ADDRESS  | 1308 26TH CT. W.          |  | STREET ADDRESS   | 1547 W. 10th street   |  |    |          |
| CITY-ST-ZIP   | RIVIERA BEACH, FL 33404   |  | CITY-ST-ZIP  | Riviera Beach, FL 33404   |  |    |          |
| TITLE   | T                         | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  | WILDER, ALDEN             |  | NAME   |   |  |    |          |
| STREET ADDRESS  | 500 ONTARIO PLACE         |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33409 |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  | GAINES, PAUL              |  | NAME   |   |  |    |          |
| STREET ADDRESS  | 1357 9TH STREET           |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33401 |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  |                           |  | NAME   |   |  |    |          |
| STREET ADDRESS  |                           |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  |                           |  | NAME   |   |  |    |          |
| STREET ADDRESS  |                           |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP  |   |  |    |          |
| 12. I 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 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: <u>Tracy L. Hughes</u>   |                           | Tracy L. Hughes  |  | 4/22/04 561-833-5988  |  |    |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                           | <small>Date</small>  |  | <small>Daytime Phone #</small>  |  |    |          |