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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: _

Apr 28, 2004 8:00 am **Secretary of State DOCUMENT # N96000003356** 04-28-2004 90264 021 ****70.00 FIRST CHURCH OF GOD IN CHRIST OF WEST PALM BEACH, INC. Mailing Address Principal Place of Business P.O. BOX 487 610 - 14TH ST. WEST PALM BEACH, FL 33402-0487 US WEST PALM BEACH, FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 Cha-NP CR2E037 (10/03) Applied For 4. FEI Number City & State City & State 65-0688516 Not Applicable \$8.75 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **HUGHES, TRACY L** Street Address (P.O. Box Number is Not Acceptable) 1121 NW 43RD AVE LOUDERHILL, FL 33313 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change D TITLE PASTOR TITLE ☐ Delete TRACY L. Hughes HUGHES, TRACY L NAME NAME ZIII Cove Lake Rd STREET ADDRESS STREET ADDRESS 1121 NW 43RD AVE N. Lauderdale, FL 33068 CITY-ST-ZIP CITY-ST-ZIP LOUDERHILL, FL 33313 Addition TITLE D Delete TITL F NAME BOWENS, JOE NAME 1547 W. 10th 1308 26TH CT. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH, FL 33404 VIETa Delete TITLE NAME WILDER, ALDEN NAME **500 ONTARIO PLACE** STREET ADDRESS STREET ADORESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP ☐ Change ☐ Addition Delete 7ffLE D TITLE GAINES, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1357 9TH STREET CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH, FL 33401 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change Addition IIII ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED

561-833-5978