


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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90205 042 ****70.00

DOCUMENT # N96000005791 1. Entity Name MINISTERS' CONFERENCE OF THE PALM BEACHES, INC.	
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Principal Place of Business 3900 BROADWAY W. PALM BEACH, FL 33401	Mailing Address 3900 BROADWAY W. PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

24071209



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1526701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARK, ISAIAH S JR. 1921 HILTONIA CIRCLE WEST PALM BEACH, FL 33407	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, BURIE W 2220 N. AUSTRILIAN AVE., APT. 421 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUSSELL, REV. JAMES H 107 LYMAN PLACE WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCMILLON, HORACE T 1413 N. MANSONIZE DR. WEST PALM BEACH, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR SHEPHERD, JOHN L 18055 SYCAMORE DR. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #