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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000054 (3)**

1. Corporation Name

**NEW TESTAMENT CHURCH OF CHRIST OF THE PALM BEACH
COUNTY INC.**

Principal Place of Business

Mailing Address

**417 N FEDERAL HWY
BOYNTON BEACH FL 33435**

**417 N FEDERAL HWY
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified

12/30/1986

4. FEI Number

65-0707691

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE
Suite, Apt. #, etc.

26 700 SW 2ND CT
Suite, Apt. #, etc.

22

27 HOUSE

City & State

City & State

23

28 DELRAY BCH FL 33444

Zip

Country

Zip

Country

24

25

29

30 PALM BCH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMONAIRE, NANCYUS
700 SW 2ND CT
DELRAY BEACH FL 33444**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SIMONAIRE, NANCYUS**
STREET ADDRESS **700 SW 2ND CT**
CITY - ST - ZIP **DELRAY BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **EDMON, LUPSON** **CORRECTIONS**
STREET ADDRESS **416 9TH CT** **LIPSON EDMOND**
CITY - ST - ZIP **DELRAY BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VPD** ☐ DELETE
NAME **DORCIN, SAMUEL**
STREET ADDRESS **700 SW 2ND CT**
CITY - ST - ZIP **DELRAY BCH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **JOSEPH, JACK**
STREET ADDRESS **312 1ST AVE NW**
CITY - ST - ZIP **DELRAY BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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: **NANCYUS SIMONAIRE** REQUIRED

4-26-98

CP2E037 (10/97)