

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004405

1. Entity Name
CHURCH OF GOD SEVENTH DAY OF PALM BEACH, INC.



Principal Place of Business
**2969 SEMINOLE RD
WEST PALM BEACH, FL 33416**

Mailing Address
**PO BOX 19796
WEST PALM BEACH, FL 33416**

FILED
Mar 22, 2004 08:00 AM
Secretary of State



02152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0856188

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DONALDSON, ALVA
11 S.W. 8TH COURT
DELRAY BEACH, FL 33444**

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IN THIS SPACE**

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. ☐

**\$5.00 May Be
Added to Fees**

**000000093765
03/22/04-80031-015 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, ALVA 11 SW 8TH CT DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDDERBURN, LANCEFORD 13972 82ND LANE N. WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, DERRICK 6084 NEWPORT VILLAGE WAY LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, MILTON 10695 DALMANY WAY ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOBURGH, ELISHA 75 SOUTH PALM DRIVE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/04 (561) 276-8476