


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004405	
1. Entity Name CHURCH OF GOD SEVENTH DAY OF PALM BEACH, INC.	

Principal Place of Business 1590 KIRK ROAD WEST PALM BEACH, FL 33406	Mailing Address PO BOX 19796 WEST PALM BEACH, FL 33416
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04112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856188	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000902041
04/29/08-80090-022 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 425 ROB ROY DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, MILTON 3057 HAMELIN WAY WILLINGTON, FL 33414
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/10/08 (SLI) 573-0396
Date Daytime Phone #