FILED Feb 02, 2005 8:00 am Secretary of State 02-02-2005 90035 004 ****61.25

2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMEN I # N9800005021 1. Entity Name WEST PALM BEACH CHRISTIAN CONVENTION CENTER OF JEHOVAH'S WITNESSES, FLORIDA, INC.								
Principal Place of Business 1610 PALM BEACH LAKES BOULEVARD WEST PALM BEACH, FL 33401-2202 WEST PALM BEACH, FL 33401					40010542			
Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, elc.	Suile, Apt. #, etc.			01132005	Chg-NP C	R2E037 (10/03)	
City & State		City & State		4. FEI Number Applied For 65-0859040 Not Applicable				
Zip	Country Zip C		Count	try	5. Certificate of	Status Desired	\$8.75 Add	itional
	6. Name and Address of Current R	legistered Agent			7. Name and Ad	Idress of New Regis		
SMITH, MICHAEL 1030 SERENADE CIRCLE				Name RIVERA RICHARD				
				Street Address (P.O. Box Number is Not Acceptable)				
ROYAL PALM BEACH, FL 33411				659 BOWLINE DRIVE				
				City /	VAPLES		FL Zip Code	0_3
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 lamiliar with, and accept								
SIGNATURE RICHARD RIVERA, PRESIDENT SIGNATURE Signature, printed name of reclasered agent and the 1 epologicable. (NOTE: Reclastered Agent storators required when ministrating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
Filing Fee is \$61.25 8. Election Campaig Due by May 1, 2005 Trust Fund Contrib					\$5.00 May Be Added to Fees		check payable to Department of St	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANG								
TITLE NAME STREET ADDRESS	PD SMITH, MICHAEL 1030 SERENADE CIRCLE	⊠ Delete	TITLE NAME STREET	ADDRESS 65	FSIDENT - L JERA, RIC 9 BOWLIN	HARD BRIVE	☑ Change	Addition
CITY-ST-ZIP					PLES, FL 3		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYOR, HELMUT 15648 88TH TRAIL NORTH PALM BEACH GARDENS, FL 33	□ Debete	name Street City-Si	ADDRESS T-ZIP			☐ Change	Addition
TITLE	STD	☐ Delete	TILE				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	KERR, JOHN 1902 SW DAY STREET PORT SAINT LUCIE, FL 34953		STREET CITY-SI	ADDRESS		_		, -
TITLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADORESS	MURPHY, TOMMY 13013 JANICO BAY			ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, RICHARD 659 BOWLINE DRIVE NAPLES, FL 34103	☐ Dalete	TITLE NAME STREET CITY-S'	ADDRESS 50		REW O STREET +, FL 33460		⊠ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Change	☐ Addition
12. I hereby certify that the Information supplied with this filling 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: TOHN A. KERIR SECRETARY 1/17/2005 772-340-3530 SIGNATURE: Dais DayLind Printed NAME OF SIGNING OFFICER OR DIRECTOR TREASURGE Dais DayLind Prone is								