

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

02-28-2005 90234 013 ***61.25
N98000005021

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005021					
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			Mailing Address 1610 PALM BEACH LANES BLVD. WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0859040	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MICHAEL 1030 SERENADE CIRCLE ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name <u>KERR, JOHN A</u> Street Address (P.O. Box Number is Not Acceptable) <u>1902 SW DAY STREET</u> City <u>PORT ST LUCIE</u> FL <u>34953</u>		
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 <u>[Signature]</u> <u>JOHN A. KERR</u> <u>SECRETARY - TREASURER</u> <u>2/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHAEL 1030 SERENADE CIRCLE ROYAL PALM BEACH, FL 33411		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYOR, HELMUT 15648 88TH TRAIL NORTH PALM BEACH GARDENS, FL 33418		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KERR, JOHN 1902 SW DAY STREET PORT SAINT LUCIE, FL 34953		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, TOMMY 13013 JANICO BAY BOYNTON BEACH, FL 33436		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, RICHARD 659 BOWLINE DRIVE NAPLES, FL 34103		<input type="checkbox"/> Delete	PD <div style="text-align: right; font-size: 2em; margin-top: -20px;">Jh3/14</div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		D PIZZY, ANDREW 506 NORTH O STREET LAKE WORTH, FL 33460		
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: <u>[Signature]</u> <u>JOHN A. KERR</u> <u>2/26/05</u> <u>772-340-3530</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					