

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90170 019 ****61.25

DOCUMENT # N99000000724

1. Entity Name
PEOPLE WITHOUT WALLS CHURCH, INCORPORATED



Principal Place of Business
**3405 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406**

Mailing Address
**3405 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33406**

00047006



04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0883857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAULO, NICHOLAS
602 LANDINGS BLVD
WEST PALM BEACH, FL 33413**

**DO NOT WRITE
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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME PAULO, NICHOLAS E
STREET ADDRESS ~~602 LANDINGS BLVD~~ 7622 monclair ct
CITY-ST-ZIP WEST PALM BEACH, FL 33413 Lake worth Fl

334 67

TITLE D
NAME PAULO, KELLY S
STREET ADDRESS ~~602 LANDINGS BLVD~~
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE D
NAME ISER, PAUL
STREET ADDRESS 400 S. COLTRANE WEST
CITY-ST-ZIP EDMOND, OK 73034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Nicholas E Paulo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #