

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90072 001 ****61.25

DOCUMENT # N99000003797

1. Entity Name
PALM BEACH MISSIONARY CHURCH OF GOD, INC.



Principal Place of Business
**1550 N FEDERAL HWY.
UNIT 7 & 8
BOYNTON BEACH, FL 33435**

Mailing Address
**3555 HARLOWE AVENUE
BOYNTON BEACH, FL 33436**

24031000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0763013

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DERILUS, OSIAS REV
3555 HARLOWE AVENUE
BOYNTON BEACH, FL 33436**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DERILUS, OSIAS**
STREET ADDRESS **3555 HARLOWE AVE.**
CITY- ST- ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☒ Delete
NAME **INNOCENT, ROBERSON**
STREET ADDRESS **2114 NE 4TH COURT**
CITY- ST- ZIP **BOYNTON BEACH, FL 33435**

TITLE **D** ☒ Change ☐ Addition
NAME **DANIEL, ANIEL**
STREET ADDRESS **1931 N. SEACREST BLVD**
CITY- ST- ZIP **BOYNTON BEACH, FL 33435**

TITLE **SD** ☐ Delete
NAME **DERILUS, MYRTHU**
STREET ADDRESS **3555 HARLOWE AVE**
CITY- ST- ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **DT** ☒ Delete
NAME **COMPANS, CHAM SOLANGE**
STREET ADDRESS **524 DAVIS RD**
CITY- ST- ZIP **DELRAY BEACH, FL 33445**

TITLE **DT** ☒ Change ☐ Addition
NAME **ILET, NICOLAS**
STREET ADDRESS **409 NW 9TH AVENUE**
CITY- ST- ZIP **BOYNTON BEACH, FL 33435**

TITLE **D** ☐ Delete
NAME **ALBERT, GUIMSON**
STREET ADDRESS **171 OCEAN PARK WAY**
CITY- ST- ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **MURAT, MANASSE**
STREET ADDRESS **2117 NE 2ND STREET**
CITY- ST- ZIP **BOYNTON BEACH, FL 33435**

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:

Osias Derilus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-2004