

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 016 ****61.25

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04112005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business SAME AS THE ABOVE			3. Mailing Address SAME AS THE ABOVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0763013	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 SAME		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DERILUS, OSIAS	NAME			
STREET ADDRESS	3555 HARLOWE AVE.	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANIEL, DANIEL	NAME	DANIEL, ANIEL		
STREET ADDRESS	1931 N. SEACREST BLVD	STREET ADDRESS	3197 ORANGE STREET		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DERILUS, MYRTHU	NAME	DERILUS, MYRTHO		
STREET ADDRESS	3555 HARLOWE AVE	STREET ADDRESS	3555 HARLOWE AVENUE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	BOYNTON BEACH, FL 33436		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ILET, NICHOLAS	NAME			
STREET ADDRESS	409 NW 9TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBERT, GUIMSON	NAME			
STREET ADDRESS	171 OCEAN PARK WAY	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MURAT, MANASSE	NAME	ELOI, RENEL		
STREET ADDRESS	2117 NE 2ND STREET	STREET ADDRESS	166 W. OCEAN DRIVE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	BOYNTON BEACH, FL 33426		
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: <i>Osias Derilus</i>		Date: <i>04-12-05</i> Daytime Phone #: <i>561-364-0931</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					