


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003815 1. Entity Name CITY CHURCH OF THE PALM BEACHES, INC.	
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Principal Place of Business 145 HIDDEN HOLLOW TERRACE PALM BEACH GARDENS, FL 33418	Mailing Address PO BOX 30086 PALM BEACH GARDENS, FL 33420
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3585014	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VANDE-RIET, JON C 145 HIDDEN HOLLOW TERRACE PALM BEACH GARDENS, FL 33418

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000611346 02/02/07-80058-012 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDE-RIET, JON C 145 HIDDEN HOLLOW TERRACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, LONNIE 2777 KNAPP GRAND RAPIDS, MI 49525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, J. MICHAEL 1989 PTARMIGAN SALEM, OR 97304
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 exemptions contained in Chapter 119, 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>Jon C Vande-Riet</i> <i>Jon C Vande-Riet</i> <i>1/24/07</i> <i>561-248</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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