

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20563

Entity Name: METROPOLITAN COMMUNITY CHURCH OF THE PALM BEACHES, INC.**Current Principal Place of Business:**4857 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4857 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33418 US**FEI Number: 41-2025538****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, LEA REV. DR.
4857 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33418 US*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.***SIGNATURE:** REV. DR. LEA BROWN**01/05/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VICE MODERATOR	Title	SECRETARY/CLERK
Name	AVATO, RICHARD	Name	DELGADO, SILVIA
Address	4857 NORTHLAKE BLVD.	Address	4857 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	TREASURER	Title	DIRECTOR
Name	MCGINNIS, RENNA	Name	LACHARITE, CARMEN
Address	4857 NORTHLAKE BLVD.	Address	4857 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	DIRECTOR	Title	DIRECTOR
Name	O'CONNOR, TRACIE	Name	WHEELHOUSE, KAREN
Address	4857 NORTHLAKE BLVD.	Address	4857 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SILVIA DELGADO**CLERK****01/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date