# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20563

Entity Name: METROPOLITAN COMMUNITY CHURCH OF THE PALM

BEACHES, INC.

Jan 07, 2014 Secretary of State CC9059223862

**FILED** 

### **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: Yes

# 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 01/07/2014

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

TitleVICE MODERATORTitleSECRETARY/CLERKNameLADD, BRIAN KNameSANDERS, MALCOLM JAddress4857 NORTHLAKE BLVD.Address4857 NORTHLAKE BLVD

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER Title DIRECTOR

Name DAVIS, GERALD S Name LACHARITE, CHRISTOPHER

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 PALLADINO, ALBERT F Name WALTERS, LISA L

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: MALCOLM JAY SANDERS

CLERK

01/07/2014