

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 701830 (2)**

1. Corporation Name  
**CHRISTIAN & MISSIONARY ALLIANCE CHURCH OF LAKE WORTH, INC.**



Principal Place of Business Mailing Address  
**8431 LAKE WORTH RD  
LAKE WORTH FL 33467-2427  
US**

3. Date Incorporated or Qualified <b>12/23/1960</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>70-1830601</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>STUTZMAN, BRUCE C. 1023 N. 'E' STREET LAKE WORTH FL 33460</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Bruce C. Stutzman* **BRUCE C. STUTZMAN** DATE: **3/96**  
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMMIS, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>5834 FOREST HILL BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REESE, TED J.</b>	2.2 NAME	
STREET ADDRESS	<b>8 W CYPRESS RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HURLEY, ROBERT</b>	3.2 NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>258 WALKER AVE</b>	3.3 STREET ADDRESS	<b>CHARLES LINDSAY</b>
CITY-ST-ZIP	<b>GREENACRES FL</b>	3.4 CITY-ST-ZIP	<b>5678 SILVIAN RD.</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY, ELDEN C III</b>	4.2 NAME	
STREET ADDRESS	<b>4949 ARENA WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURLEY, ROBIN</b>	5.2 NAME	
STREET ADDRESS	<b>145 ABACO DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM SPRINGS FL</b>	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEBE BRAND, WILLIAM</b>	6.2 NAME	<b>TRUSTEE</b>
STREET ADDRESS	<b>86 CLEVELAND RD</b>	6.3 STREET ADDRESS	<b>LEE RENS HAW</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	6.4 CITY-ST-ZIP	<b>2199 SANTA CATALINA</b>
			<b>W.P.B. FL. 33415</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce C. Stutzman* DATE: **3/96** 407 967 3149  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)