


FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 8431 LAKE WORTH RD, LAKE WORTH FL 33467-2427, US
Mailing Address: 8431 LAKE WORTH RD, LAKE WORTH FL 33467-2427, US

3. Date Incorporated or Qualified: 12/23/1980
4. FEI Number: 70-1830601
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
STUTZMAN, BRUCE C.
1023 N. 'E' STREET
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	1.1 TITLE	VC
NAME	LINDSAY, CHARLES	1.2 NAME	THOMAS R. PARRY
STREET ADDRESS	5678 SILVIAN RD	1.3 STREET ADDRESS	4064 COLLEEN
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	AT	2.1 TITLE	AT TREAS.
NAME	BRACKER, ROBERT	2.2 NAME	CLETE SAUNIER
STREET ADDRESS	1699-C FOREST LAKES CIR	2.3 STREET ADDRESS	7335 WOODLAND CREEK LANE
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S	3.1 TITLE	ROBERT C. HURLEY
NAME	CHARLES LINDSAY	3.2 NAME	TR. SEC.
STREET ADDRESS	5678 SILVIAN RD	3.3 STREET ADDRESS	258 WALKER AVE
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	GREEN ACRES, FL 33463
TITLE	T	4.1 TITLE	TREAS.
NAME	BRADLEY, ELDEN C III	4.2 NAME	ROBERT H. BRACKER
STREET ADDRESS	4949 ARENA WAY	4.3 STREET ADDRESS	1699-C FOREST LAKES CIR
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	T	5.1 TITLE	TRUSTEE
NAME	REESE, TED J	5.2 NAME	ELDEN C. BRADLEY JR.
STREET ADDRESS	8 W. CPYRESS RD	5.3 STREET ADDRESS	3131 FRENCH AVE
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	T	6.1 TITLE	
NAME	LEE RENSHAW	6.2 NAME	SAME
STREET ADDRESS	2199 SANTA CATALINA	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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: _____

CR2E037 (10/97)