2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 718694

1. Entity Name
CRESTWOOD BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
100 CYPRESS LAKE DR WEST PALM BEACH, FL 33411	100 CYPRESS LAKE DR WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

07082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
05-0017060
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, BONNY LYNN
107 SANTIAGO STREET
ROYAL PALM BEACH, FL 33411

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000165275
07/12/04-80007-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HUDSON, RHONDA
STREET ADDRESS	436 PERRY AVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	DP
NAME	LORENZO, ALBERT
STREET ADDRESS	107 SANTIAGO STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	S
NAME	LORENZO, BONNY LYNN
STREET ADDRESS	107 SANTIAGO STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	VD
NAME	OMALLEY, DAVID
STREET ADDRESS	42 SEMINOLE CT E
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. *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 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: _____ 7/8/04 561-793-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #