2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 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

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01272006 No Chg-NP CR2E037 (11/05)

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

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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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	PINZON, RHONDA
STREET ADDRESS	121 RILEY AVE
CITY-ST-ZIP	PALM SPRINGS, FL 33461
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	

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02/25/06-80012-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/26/06 (561) 793-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #