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SCRIVNER DAMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE?

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 738586

(7)

PALM BEACH CATHEDRAL ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 9153 ROAN LANE P.O. BOX 31234 PALM BEACH GARDENS FL 33420-8234 Mailing Address 9153 ROAN LANE P.O. BOX 31234 PALM BEACH GARDENS FL 33420-8234								
					3. Date Incorporated or Qualified 04/06/1977	3a. Date of Last Report 02/01/1995		
21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-1725308		ТН	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional Required
City & State	e	City & State		**	Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for	intangible ta	x under s	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Realstered A	Agent	 -
~			81	Name		No Branda	- Barre	
14369 67	SCRIVNER 7TH TRAIL		82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)		
Palm be	EACH GARDENS FL 33418		83					***
			94	Oa.				····
			84	City		FL		p Code
11. Pursuant to or register with	to the provisions of Sections (i17.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	and 617.1508, Florida Statuda. Such change was author	rized by the corp	amed corpora oration's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of char cointment as r	nging its registered	egistered office agent. I am
INTERNITAL AND			Vest					
SIGNATURE _							<u> </u>	·
SIGNATURE _	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (N	NOTE: Registered Agent		when reinstating:	DATE	NIDECTO	20 10 40
SIGNATURE _	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (N	NOTE: Registered Agent			ICERS AND		
SIGNATURE _	Signature, typed or printed name of registered agent a OFFICERS AND TD FRICK, WILLIAM W.	and title if applicable. (F D DIRECTORS	NOTE: Registered Agent		when reinstating:	ICERS AND	DIRECTO Change	RS IN 12
SIGNATURE _	Signature, typed or printed name of registered agent a OFFICERS AND TD FRICK, WILLIAM W. 15605 87TH TRAIL NORTH	and title if applicable. (F D DIRECTORS	NOTE: Registered Agent 13. 1.1 TITLE	signature required	when reinstating:	ICERS AND		
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND TD FRICK, WILLIAM W. 15605 87TH TRAIL NORTH PALM BEACH GARDENS FL	and title if applicable. (F D DIRECTORS	NOTE: Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required	when reinstating:	ICERS AND		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND TD FRICK, WILLIAM W. 15605 87TH TRAIL NORTH PALM BEACH GARDENS FL PD	and title if applicable. (F D DIRECTORS	NOTE: Registered Agent 13. 1.1 TITLE 12 NAME	signature required	when reinstating:	ICERS AND] Change	Addition
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