FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

AT THE CROSS CHURCH OF GOD BY FAITH IN CHRIST, I NC.

Principal Place of Business

Mailing Address

FILED Apr 15 1997 8:00am Secretary of State



12794 71ST PLACE NORTH WEST PALM BEACH FL 33412-1415			12794 71ST PLACE NORTH WEST PALM BEACH FL 33412-1415						
·						3. Date Incorporated or Qualified 10/04/1991	3a. Date of Last 07/22/19	Report 196	
2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Nurnber	A	pplied For	
21		26				65-0299520	N N	lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State City & State			e			6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country	Country 8. This corporation has liability for intangible tax under s. 199.032		s. 199.032,		
24	25 29 30				Florida Statutes 📝 Yes 🗌 No				
Name and Address of Current Registered Agent					·	10. Name and Address of New Registered Agent			
				81	Name				
ATKINSON, ALVIN R				82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)		
12794 71ST PLACE NORTH									
WEST PALM BEACH FL 33412-1415				83				}	
				84	City		85 Zip	Code	
							FL		
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 regional 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								its registered s registered	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Reg	gistered Ago	nt signature	required when reinstating)	DATE		
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DPT	Ц	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	ATKINSON, ALVIN R	.		1.2 NAME					
STREET ADDRESS	12794 71ST PLACE NOR			1.3 STREET	ADDRESS				
CITY+ST-ZIP	WEST PALM BEACH FL			1.4 CITY - S	IT-ZIP				
TITLE	DVS	Ц	DELETE	21 TITLE	Ţ		☐ Change	☐ Addition	
NAME	ATKINSON, CRYSTAL A			22 NAME	İ				
STREET ADDRESS	12794 71ST PLACE NOR			23 STHEET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL			2 4 CITY-	S1 - ZIP				
TITLE	D	LJ	DELETE	31 TITLE	- 1		☐ Change	L_ Addition	
NAME	Martin, Keith A			3.2 NAME					
STREET ADDRESS	231 N.W. 14TH AVENUE			3 3 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 3344			3.4. CITY-5	ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE			DELETE	4.1 TiTLE			☐ Change	☐ Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				44 CITY-S	ST - ZIP			F 1 14455-	
TITLE		Ц	DELĒTĒ	51 TITLE			L Change	Addition	
NAME				5.2 NAME				l	
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP			DELETE	5.4 CHY- S	51 - Z IP		Chross	Addition	
TITLE		LJ	DELETE	6.1 TITLE			☐ Change	L.J Addition	
NAME				6.2 NAME				l	
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP				6.4 CITY - S	17 - ZIP	ated in Postion 110 07/2V// Florido Ptotuto	- I Could be a secured to the	1 Ab -	

I do 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.

2/2/101 11/10/0500