

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003569 (0)

1. Corporation Name

SONCOAST CALVARY OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

400 SW 2ND AVE
STE 102
BOCA RATON FL 33432
US

400 SW 2ND AVE
STE 104
BOCA RATON FL 33432
US

2. Principal Place of Business

2a. Mailing Address

21 100 SW. 2 STREET

26 100 SW. 2 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Boca Raton, Florida

27 City & State
28 Boca Raton, Florida

24 33432 25 U.S.A.

29 33432 30 U.S.A.

9. Name and Address of Current Registered Agent

COWEN, D. CHRISTOPHER
2161 NW 40TH AVE
COCONUT CREEK FL 33066

3. Date Incorporated or Qualified
07/20/1994

3a. Date of Last Report
04/27/1995

4. FEI Number
65-0507128

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 *X D. Christopher Cowen*

(NOTE: Registered Agent signature required when "reinstating")

May 8, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COWEN, D. CHRISTOPHER
STREET ADDRESS 2161 NW 40TH AVE
CITY-ST-ZIP COCONUT CREEK FL ☐ DELETE

TITLE TD
NAME MONTALVO, JOHN F. J
STREET ADDRESS 6550 ROYAL PALM BLVD #A-109
CITY-ST-ZIP MARGATE FL ☒ DELETE

TITLE VD
NAME MULLER, ROBERT E
STREET ADDRESS 227 KEY PALM RD
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE SD
NAME ST. GODARD, GERRY
STREET ADDRESS 3560 LLOYD DRIVE
CITY-ST-ZIP OAKLAND PARK FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *X D. Christopher Cowen* PRESIDENT

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 8, 1996 (407) 347-1929

Date

Daytime Phone #

CR2E037 (12/95)