FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N95000005400 (5) **DOCUMENT** #

PALM BEACH CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

2828 TENNIS CLUB DR. #505 WEST PALM BEACH FL 33417

2828 TENNIS CLUB DR. #505 WEST PALM BEACH FL 33417 APPROVED AND

1996 SEP -3 PH 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date incorporated or Qualified 11/13/1995



3a. Date of Last Report

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-	Principal P	lace of Busin	28	2a. Mailing Address						'	4. FEI Numb					Applied For			
21						5							65-0	1651	222			Not Applicable	
L	Suite, Apt.	Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate	of Status	Desired	Œ	\$8.	75 Additional	
22						7							or continuence	0,0000	Dosired		Fe	e Required	
Щ	City & State					City & State						- (6. Election C	ampaign	Financing		\$5	.00 May Be	
23							B						Trust Fund	Contrib	ution		Ad	ded to Fees	
-	Zip	Country			<u> </u>	 			Country			- 14	This corpo	ration ha				s. 199.032,	
24					29				30				Florida Statutes						
Name and Address of Current Registered Agent										Τ.		1	0. Name an	d Addres	s of New	Registere	d Agent	115:1-	
										١	Name	10. Name and Address of New Registered Agent e -03/11/36 -01025 -001							
Į į	NOSSAL, JOHN M										Street Ado								
}	14810 SE LAKESIDE DR									H		eet Address (P.O. Box Number is N读系统中间。[][] *****[[][[]]							
ĺ	TEQUESTA FL 33469																		
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									04	١٠	City					F	85	Zip Code	
11	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															s registered office			
	or register	rea agent, or	-poin, in	the State of F	iorida. Suc	n chai	nge was authorized I. Florida Statutes	d by t	he corp	ora	ition's boa	ard of	directors. I he	ereby acc	ept the app	pointment	as register	ed agent. I am	
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SI	SNATURE .	Signature, typed	or printed r	arm, of registered a	ent and title if	angine at	bre (NOTE	Reas	lared Aper	nt so	jnature require	real wheer	reiestations			DATE			
12				OFFICERS.					13.					STCHANG	ES TO OFF		ND DIREC	TORS IN 12	
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NA	NAME MICHAELE MAASS												IAEL 6.	MAA	r.r		_ ,		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and doε												for the	exemption s	tated in 5	Section 119	07(3)/b) E	Iorida Stat	utos I fudbor	

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.

19. Marie Michael 6, MAASS 8/1/96 (561) 683-8920
TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR