

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995 5/1/95



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

APPROVED
AND
FILED

95 MAY -1 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701007

(7)

1. Corporation Name

CHRIST COMMUNITY CHURCH OF PALM SPRINGS, INC.

Principal Place of Business

153 HENTHORNE DRIVE
PALM SPRINGS FL 33461

Mailing Address

153 HENTHORNE DRIVE
PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1960

3a. Date of Last Report

04/28/1994

4. FEI Number

59-1760276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00

May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75

Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BAKER, DONALD E.
153 HENTHORNE DR
PALM SPRING FL 33461

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Rev. Donald Baker
Signature, typed or printed name of registered agent and title if applicable.

Rev. Donald Baker
(NOTE: Registered Agent signature required when reinstating)

4/24/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

ROBERTSON, REBECCA

2608 GARDEN DR. APT. 205

LAKE WORTH, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

LOVE, JAMES R.

2818 W. CARANDIS ROAD

WEST PALM BCH. FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

BAKER, DONALD E.

256 GREENBRAIR DR

PALM SPRGS, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

VAN WYHE, WILLIAM

7720 STONE HARBOUR DR, 1

LAKE WORTH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Donald Baker

Donald Baker

4/24/95

407-965-3315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

000041