FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 701007

(7)

CHRIS	T COMMUNITY CHURCH OF	F PALM SP	Prings, in	C.							
Principal Plac	e of Business	Mailing A	ddress						701 EJEN 740	AT end er end er e n	ali diali i dr i
153 HENTHORN PALM SPRINGS			Horne Drive Ings FL 33461	-200 7			İ				
								3. Date Incorporated or Qualified 05/25/1960		te of Last R 04/24/19 9	
	Place of Business	2a. Mailing Address						4. FEI Number 50-1760276	E0-1760076		
21 Sulte, Apt.	# No	26 Suite, Apt. #, etc.						39 1700270			t Applicable
22 Suite, Apr.	#, BIC.	27					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	θ	City & State					6. Election Campaign Financing		\$5.00	·	
23		28						Trust Fund Contribution		Added 1	
Z ip	Country	Zip		Cou	ntry	,		8. This corporation has liability for			199.032,
24	25	29		30		·				No	
	9. Name and Address of Current	Registered A	\gent		81			10. Name and Address of New Re	gistered	Rgent	
						Name					ľ
BAKER,					Street	Addre	ss (P.O. Box Number is Not Acceptab	ole)			
	NTHORNE DR										
PALM S	PRING FL 33461				83	ļ					l
					84	City			<u></u>	85 Zip (Code
44 Priminat	to the provisions of Sections 617 0500	2 and 617 1500	C. Florido Ctatu	too the ek				ration pulposite this statement for the p	FL	shanaina it	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Suc	h change was	authorized	by	e-named the corp	corpo poratio	ration submits this statement for the p in's board of directors. I hereby accep	orpose of the app	cnanging it ointment as	s registered registered
agent. I a	ım familiar with, and accept the obliga	itions of, Section	on 617.0503, F	lorida Stati	ules	S.					
SIGNATURE	Signature, typed or printed name of registered ager	it and tale if applical	blo (NO	TF: Rogisteren	(Ann	nt sional vo	required	f when reinstating)	DATE		
12.	OFFICERS AND		. (10	13.		on eignate e		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	SD		DELETE	1.1 10	I.E					Change	☐ Addition
NAME	ROBERTSON, REBECCA			1.2 NA	ME						
STREET ADDRESS	2606 GARDEN DR. APT. 205			1.3 ST	REET	ADDRESS)				
CITY-ST-ZIP	LAKE WORTH, FL 00000		1.4 0			IT-ZIP					
TITLE	TD		DELETE	21 117	LE					Change	Addition
NAME	LQVE, JAMES R.			2.2 NA	ME		Ì				Ì
STREET ADDRESS				2.3 ST	2.3 STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BCH. FL			2. 4 CI	2. 4 CITY - ST - ZIP						
TITLE	PD			3.1 1/1	ιE					Change	Addition
NAME	BAKER, DONALD E.	32		3.2 NA	3.2 NAME						:
STREET ADDRESS	256 GREENBRAIR DR			3.3 ST	REET	ADDRESS	[Į.
CITY-S1-ZIP	PALM SPRGS, FL 00000		NA person			ST-ZIP	L				
TITLE	VD		DEFELE	4.1 111	-		ν; c	e President		Change	☐ Addition
NAME	VAN WYHE, WILLIAM	1		4.2 N/			Dre	ew Persenaire			ļ
STREET ADDRESS	7720 STONE HARBOUR DR. 1					ADDRESS	72.1	ew resonance z Springdale Ct. Im Springs, FL 37	ડ 4નિ		
CITY-ST-ZIP	LAKE WORTH FL		DELETE	4.4 Cil		T-ZIP	191	im shauder		T (b	1 4,2200
TITLE			☐ DELETE	5.1 [1]						☐ Change	Addition
NAME				5.2 NA		i	}				
STREET ADDRESS						ADDRESS	[
CITY-ST-ZIP			DELETE	5.4 CF		ST-ZIP	 -			Change	☐ Addition
TITLE			☐ DECEIE	6.1]]						∪ range	☐ YOUNDI
NAME ATTEST ASSESSED				62 NA							
STREET ADDRESS				■ 6.3 ST	REET	ADDRESS	l				[

14. 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.

6.4 CITY - ST - ZIP