

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 705176 (6)

1. Corporation Name
THE CHILD EVANGELISM FELLOWSHIP OF PALM BEACH COUNTY, INC.

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|---|--|
| Principal Place of Business 4376 REDDING RD BOYNTON BEACH FL 33436 US | Mailing Address 4376 REDDING ROAD BOYNTON BEACH FL 33436-1704 US |
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|---|----------------------|----------------------------------|----------------------|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 01/11/1972 | 3a. Date of Last Report 01/25/1996 |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 38-6095495 | Applied For <input type="checkbox"/> Not Applicable |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent ERNESTON, JAMES D. 7201 S. FLAGLER DRIVE WEST PALM BEACH FL | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GERI CANTRELLE | 1.2 NAME | |
| STREET ADDRESS | 6245 SAXON BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DILCHER, CHARLES E | 2.2 NAME | CLARK, DENNIS |
| STREET ADDRESS | 5080 CLOCK ST | 2.3 STREET ADDRESS | 4376 REDDING ROAD |
| CITY-ST-ZIP | LAKE WORTH FL | 2.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33436 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, MERRIEL | 3.2 NAME | |
| STREET ADDRESS | 1708 MERIDIAN RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICE, LLOYD | 4.2 NAME | |
| STREET ADDRESS | 1410 CARAMBOLLA RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANTRELLE, JOHN | 5.2 NAME | |
| STREET ADDRESS | 6245 SAXON BLVD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BCH. FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, RAY | 6.2 NAME | |
| STREET ADDRESS | 1708 MERIDIAN RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE:  **DENNIS W. CLARK** 561 369-1636

CR2E037 (9/96)