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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90117 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705176

1. Corporation Name

THE CHILD EVANGELISM FELLOWSHIP OF PALM BEACH COUNTY, INC.

Principal Place of Business

4376 REDDING RD
BOYNTON BEACH FL 33436
US

Mailing Address

4376 REDDING ROAD
BOYNTON BEACH FL 33436
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/11/1972
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	38-6095495
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERNESTON, JAMES D.
7201 S. FLAGLER DRIVE
WEST PALM BEACH FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERI CANTRELLE	1.2 NAME	RITA CLARK
STREET ADDRESS	8245 SAXON BLVD.	1.3 STREET ADDRESS	4376 REDDING ROAD
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DENNIS	2.2 NAME	
STREET ADDRESS	4376 REDDING RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, MERRIEL	3.2 NAME	JIM LEGGETT
STREET ADDRESS	1708 MEREDIAN RD.	3.3 STREET ADDRESS	2886 FERNLEY DR. E. #21
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, RAY	6.2 NAME	ERNEST RUTH
STREET ADDRESS	1708 MEREDIAN RD	6.3 STREET ADDRESS	7030 HALF MOON CIRCLE # 518
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	LAKE WORTH, FL 33462

14. I 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, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(561) 732-13

Date

Daytime Phone #

CR2E037 (1/198)