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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 712015 (7)

1. Corporation Name

GARDENS CHURCH OF CHRIST, INCORPORATED OF PALM B
EACH COUNTY

Principal Place of Business

4857 NORTHLAKE BOULEVARD
PALM BEACH GARDENS FL 33418

Mailing Address

4857 NORTHLAKE BOULEVARD
PALM BEACH GARDENS FL 33418-5726



3. Date Incorporated or Qualified
12/27/1966

3a. Date of Last Report
03/13/1996

4. FEI Number
59-1794063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PIEJRO, NICK
8264 S VIRGINIA AVE
LAKE PARK FL 33418

10. Name and Address of New Registered Agent

81 Name James Pheuffo
82 Street Address (P.O. Box Number is Not Acceptable)
9158 KATING DR
83 PALM BEACH GARDENS, FL
84 City
85 Zip Code FL 33418

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 617.1503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEAY, WALTER WAY	
STREET ADDRESS	11125 THYME DR	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PHEUFFO, JAMES J.	
STREET ADDRESS	9158 KATING DR	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	PIETRO, NICK	
STREET ADDRESS	8264 S. VIRGINIA AVE.	
CITY - ST - ZIP	LAKE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	Gene Tyckew
3.4 CITY - ST - ZIP	80 BRIDGET BLVD Lake Worth, FL 33426
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041475

CR2E037 (9/96)