

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90037 028 ****65.00

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1. Entity Name
CRESTWOOD BAPTIST CHURCH, INC.



Principal Place of Business
**100 CYPRESS LAKE DR
WEST PALM BEACH, FL 33411**

Mailing Address
**100 CYPRESS LAKE DR
WEST PALM BEACH, FL 33411**



DO NOT WRITE IN THIS SPACE

03272008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
05-0017060

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LORENZO, BONNY LYNN
107 SANTIAGO STREET
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LORENZO, ALBERT
STREET ADDRESS	107 SANTIAGO STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	S
NAME	LORENZO, BONNY LYNN
STREET ADDRESS	107 SANTIAGO STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	VD
NAME	OMALLEY, DAVID
STREET ADDRESS	42 SEMINOLE CT E
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/08