

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 731744 (9)
 1. Corporation Name
THE CHURCH IN BOCA RATON, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAY -1 AM 11:25

Principal Place of Business 1744 NE 4 AVENUE FT. LAUDERDALE FL 33305	Mailing Address C/O STEVE AVRUS 751 NW 7 DR BOCA RATON FL 33486 US
--	--

2. Principal Place of Business 21 3499 NW 2 Ave.	2a. Mailing Address 25 P.O. Box 6252
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Boca Raton / FL	28 City & State Boca Raton / FL
24 Zip 33496	25 Country U.S.
29 Zip 33427	30 Country U.S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1618265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AVRUS, STEVE
751 NW 7 DRIVE
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name Vincent R. Laviano
82 Street Address (P.O. Box Number is Not Acceptable) 628 SW 18 Ave.
83
84 City Boca Raton
85 Zip Code FL 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Vincent R. Laviano* **Vincent R. Laviano Pres.** DATE: **4/18/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAVIANO, VINCENT
STREET ADDRESS	628 SW 18TH AVE.
CITY, ST, ZIP	BOCA RATON FL
TITLE	VSD
NAME	BREAULT, TIMOTHY
STREET ADDRESS	13785 E CITRUS DR
CITY, ST, ZIP	LOXAHATCHEE FL
TITLE	TD
NAME	AVRUS, STEVE
STREET ADDRESS	751 N.W. 7TH DR.
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Vincent R. Laviano* **Vincent R. Laviano** DATE: **4/18/95** IDENTIFICATION # **3057724004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR