

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90042 030 \*\*\*\*61.25

0047522

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 731744

1. Corporation Name

THE CHURCH IN BOCA RATON, INC.

384005 - 90042 - JU

Principal Place of Business

~~3499 NW 2 AVE.~~  
~~BOCA RATON FL 33496~~  
 US

Mailing Address

~~P.O. BOX 0252~~  
 751 NW 7 DR  
 BOCA RATON FL 33427  
 US



2. Principal Place of Business

21 240 W. Palmetto Park Rd

2a. Mailing Address

26 751 NW 7 DR.

3. Date Incorporated or Qualified

01/27/1975

Suite, Apt. #, etc.

22 200

Suite, Apt. #, etc.

27

4. FEI Number

59-1618265

Applied For

Not Applicable

City & State

23 Boca Raton, FL

City & State

28 Boca Raton FL

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip Country

24 33432 25

Country

Zip Country

29 33486 30

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LAVIANO, VINCENT R  
 628 SW 18 AVE.  
 BOCA RATON FL 33486

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

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  DELETE  
 NAME PD  
 LAVIANO, VINCENT  
 STREET ADDRESS 628 SW 18TH AVE.  
 CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE  
 NAME VSD  
 BREault, TIMOTHY  
 STREET ADDRESS 13173 CITRUS GROVE BLVD  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE  DELETE  
 NAME TD  
 AVRUS, STEVE  
 STREET ADDRESS 751 N.W. 7TH DR.  
 CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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

4/13/99 (561) 394-7100

Date

Daytime Phone #

CR2E037 (11/98)