

**FILE NOW: FILING FEE AFTER MAY 1 IS \$1,000**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR 23 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 747515 (5)**  
1. Corporation Name  
**LAKE WORTH CHRISTIAN REFORMED CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1325 NORTH 'A' STREET LAKE WORTH FL 33460  
Mailing Address: 1325 NORTH 'A' STREET LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 06/05/1979  
3a. Date of Last Report: 04/13/1994  
4. FEI Number: 59-0838093  
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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent: VONHOF, GARY L, ESQ. 1551 FORUM PLACE, BLDG. 100 WEST PALM BEACH FL 33402  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DAVIES, MARK	1.1 TITLE: President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1404 KILGORE LN.	CITY-ST-ZIP: LAKE WORTH FL	1.2 NAME: Jim White	
		1.3 STREET ADDRESS: 8408 Linden Way	
		1.4 CITY-ST-ZIP: Lake Worth, FL 33467	
TITLE: VD	NAME: WHITE, JIM	2.1 TITLE: Vice President VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8408 LINDEN WAY	CITY-ST-ZIP: LAKE WORTH FL	2.2 NAME: Bill Smith	
		2.3 STREET ADDRESS: 3209 Hoylake Rd.	
		2.4 CITY-ST-ZIP: Lake Worth, FL 33467	
TITLE: CD	NAME: WELTON, GARY	3.1 TITLE: Clerk CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1410 LAKE VICTORIA DR.	CITY-ST-ZIP: LAKE WORTH FL	3.2 NAME: Dan Vanderlaan	
		3.3 STREET ADDRESS: 7296 S. Military Trail	
		3.4 CITY-ST-ZIP: Lake Worth, FL 33463	
TITLE: TD	NAME: MEJEUR, LARRY	4.1 TITLE: Treasurer TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6594 PAUL MAR DR.	CITY-ST-ZIP: LANTANA FL	4.2 NAME: Larry Mejeur	
		4.3 STREET ADDRESS: 6594 Paul Mar Dr.	
		4.4 CITY-ST-ZIP: Lantana, FL 33462	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, if an attachment with an address.

SIGNATURE: James L. White, Pres. 2-6-95 (407) 433-2239  
DATE: \_\_\_\_\_