

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747515 (5)

1. Corporation Name
LAKE WORTH CHRISTIAN REFORMED CHURCH, INC.



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: **03/23/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VONHOF, GARY L., ESQ.
1551 FORUM PLACE, BLDG. 100
WEST PALM BEACH FL 33402**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, JIM	
STREET ADDRESS	8408 LINDEN WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, BILL	
STREET ADDRESS	3209 HOYLAK RD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VANDERLAAN, DA	
STREET ADDRESS	7296 S MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEJEUR, LARRY	
STREET ADDRESS	6594 PAUL MAR DR	
CITY-ST-ZIP	LANTANA FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Smith, Bill	
1.3 STREET ADDRESS	3209 Hoylake Rd.	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rozendal, Jim	
2.3 STREET ADDRESS	3150 Windward Lane	
2.4 CITY-ST-ZIP	Lantana, FL 33462	
3.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vanderlaan, Dan	
3.3 STREET ADDRESS	7296 S. Military Trail	
3.4 CITY-ST-ZIP	Lake Worth, FL 33463	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vanderwey, Ron	
4.3 STREET ADDRESS	1317 West Indes Way	
4.4 CITY-ST-ZIP	Lantana, FL 33462	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **2/5/96** **(407) 585-2011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)