FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 747515

(5)

LAKE WORTH CHRISTIAN REFORMED CHURCH, INC.

Principal Place of Business	Mailing Address						
1325 NORTH "A" STREET 1325 NORTH "A" STREET LAKE WORTH FL 33460				3. Date Incorporated or Qualified 06/05/1979 4. FEI Number Applied For Not Applicable			
2. Principal Place of Business 21	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Election Campaign Financing Trust Fund Contribution			
City & State City & State				7. Is this nonprofit corporation a homeowners association?			
Zip Country 25	Zip 30	Country	/	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible		
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name				
VONHOF, GARY L., ESQ. 1551 FORUM PLACE, BLDG. 100		82	82 Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33402		83		· · · · · · · · · · · · · · · · · · ·			
44 Pure		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.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date											
12,				egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN							
TITLE	PD	DELETE	1.1 TITLE	PD	Change	Addition					
NAME	SMITH, BILL		1.2 NAME	White, Jim		, , , , , , , , , , , , , , , , , , ,					
STREET ADDRESS	3209 HOLYLAKE ROAD		1.3 STREET ADDRESS	8408 Linden Way							
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	Lake Worth, FL							
TITLE	VP	DELETE	2.1 TITLE	VP	☐ Change	Addition					
NAME	ROZENDAL, JIM		2.2 NAME	Mulder, Doug							
STREET ADDRESS	3150 WINDWARD LANE		2.3 STREET ADDRESS	3529 Palomino Drive							
CITY-ST-ZIP	LANTANA FL		2. 4 CITY - ST-ZIP	Lantana, FL							
TITLE	DC	DELETE	3.1 TITLE	DC ,	Change	Addition					
NAME	WIERENGA, PHIL		3.2 NAME	Hoogendoorn, Jack		į					
STREET ADDRESS	10811 CAMBAY CIRCLE		3.3 STREET ADDRESS	2830 Sand Pine Court							
CITY-ST-ZIP	BOYNTON BEACH FL		3.4. CITY-ST-ZIP	Lantana, FL 33462							
TITLE	T	DELETE	4.1 TITLE	T	Change	☐ Addition					
NAME	VANDERWAY, RON		4, 2 NAME	Scott, Donald		-					
STREET ADDRESS	1317 WEST INDES WAY		4.3 STREET ADDRESS	5134 Vermont Ave.							
CITY-ST-ZIP	LANTANA FL		4.4 CITY-ST-ZIP	Lake Worth, FL 33461							
TITLE		DELETE	5.1 TITLE .		Change	☐ Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS			ĺ					
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
l E						L					

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.

SIGNATURE:

KERZEURE PRODUKTENK

1-12-98

561-585-2011

FILED

Jan 27 1998 8:00am

Secretary of State

(2E037 (10/97)