


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90036 050 ****61.25

DOCUMENT # 747515

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



Principal Place of Business Mailing Address

1325 NORTH "A" STREET
 LAKE WORTH FL 33460 1325 NORTH "A" STREET
 LAKE WORTH FL 33460

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-0838093 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

J4U1J001



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEITSMA, DAVID <input checked="" type="checkbox"/> Delete 656 LAS PALMAS BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERWEY, RON <input type="checkbox"/> Delete 14 REDWOOD CT BOYNTON BEACH FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERLAAN, CLAYTON <input checked="" type="checkbox"/> Delete 4269-B HYPOLUXO ROAD LANTANA FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYKSTRA, TOM <input type="checkbox"/> Delete 1404 KILGORA LANE LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Baas, Owen 8508 Swan Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ogg, Danny 3281 Amberjack Rd. Lantana, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas R Dykstra* **2/19/04 561585 2011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #