


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **755407** (4)
1. Corporation Name
CHRISTIAN CENTER, INC.

Principal Place of Business 7710 CHARNEY LANE BOCA RATON FL 33496-1326 US	Mailing Address 7710 CHARNEY LANE BOCA RATON FL 33496-1326 US
---	---

3. Date Incorporated or Qualified 12/05/1980	
4. FEI Number 59-2078362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 23133 SW 56 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23 Boca Raton, FL	City & State 27
Zip 24 33433	Country 28 Palm Beach
Country 25	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRKLAND, BOBYE JO
7710 CHARNEY LANE
BOCA RATON FL 33496**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SWAD SR., BILL 3001 SE ISLAND POINT LANE STUART FL 34996	1.1 TITLE	PD KARPINEN, DONALD 23133 SW 56 AVE. BOCA RATON, FL 33433
NAME	SD SWAD, SALLY 3001 SE ISLAND POINT LANE STUART FL 34996	1.2 NAME	TR KARPINEN, CATHERINE 23133 SW 56 AVE. BOCA RATON, FL 33433
STREET ADDRESS	D KIRKLAND, HUGH 7710 CHARNEY LANE 12365 RIVERFALLS CT BOCA RATON FL 33428-4856	2.1 TITLE	T LINDA BENEDICT 5365 PLANTATION RD. PLANTATION, FL 33317
CITY-ST-ZIP	TD KIRKLAND, BOBYE JO 7710 CHARNEY LANE 12365 RIVERFALLS CT BOCA RATON FL 33428-4856	2.2 NAME	TR DAVID BENEDICT 5365 PLANTATION RD. PLANTATION, FL 33317
		2.3 STREET ADDRESS	TR TIM BEATTY 10928 CRESCENDO CIRCLE BOCA RATON, FL 33489
		2.4 CITY-ST-ZIP	S TONI MARIE BEATTY 10928 CRESCENDO CIRCLE BOCA RATON, FL 33489
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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.

SIGNATURE:

[Signature]

4-22-98 (561) 391-2800

CR2E037 (10/97)