

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90027 015 ****61.25

DOCUMENT # 755407

1. Corporation Name

Christian Center, Inc.

Principal Place of Business

Mailing Address

3499 NW 2 Ave.
Boca Raton, FL 33431

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 3499 NW 2 Ave.

26 3499 NW 2 Ave.

12/05/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2078362

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33431 25 U.S.

29 33431 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

James V. Dolan Esq.

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

1050 Bayview Bldg. Bayview Drive

83 Suite 606

84 City

Fl. Lauderdale

FL

85 Zip Code

33304

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 James V. Dolan, Attorney at Law

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 ☐ DELETE

NAME PD Karpinen, Donald

STREET ADDRESS 23133 SW 56 Ave.

CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ DELETE

NAME TR Karpinen, Catherine

STREET ADDRESS 23133 SW 56 Ave.

CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ DELETE

NAME Linda Benedict

STREET ADDRESS 5365 Plantation Road

CITY-ST-ZIP Plantation, FL 33317

TITLE ☐ DELETE

NAME TR David Benedict

STREET ADDRESS 5365 SW 56 Ave.

CITY-ST-ZIP Boca Raton, FL 33317

TITLE ☐ DELETE

NAME TR Tim Beatty

STREET ADDRESS 10928 Crescendo Circle

CITY-ST-ZIP Boca Raton, FL 33489

TITLE ☐ DELETE

NAME S Toni Marie Beatty

STREET ADDRESS 10928 Crescendo Circle

CITY-ST-ZIP Boca Raton, FL 33489

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-99 (561) 391-2800

Date

Daytime Phone #

CR2E037 (11/98)