

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 # N22784 (5)

1. Corporation Name

BOCA RATON CHRISTIAN CENTER, INC.



Principal Place of Business

**5700 N FEDERAL HWY
BOCA RATON FL 33487**

Mailing Address

**5700 N FEDERAL HWY
BOCA RATON FL 33487**

3. Date Incorporated or Qualified
10/01/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1335 S. Federal Hwy.

Suite, Apt. #, etc.

2a. Mailing Address

26 1335 S. Federal Hwy.

Suite, Apt. #, etc.

23 City & State
Deerfield Beach, FL

24 Zip
33441-7220

25 Country
USA

27 City & State
Deerfield Beach, FL

29 Zip
33441-7220

30 Country
USA

4. FEI Number
65-0010377

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

**HUTCHER, JERALD
383 NW 46TH ST.
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

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

N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV**
NAME **COOLING, JEFF**
STREET ADDRESS **108 N. CORTEZ CIRCLE, APT. D**
CITY - ST - ZIP **MARGATE FL**

☐ DELETE

TITLE **DTS**
NAME **JACKSON, MARK**
STREET ADDRESS **401 SW 2ND ST**
CITY - ST - ZIP **BOCA RATON FL**

☒ DELETE

TITLE **DP**
NAME **HUTCHER, JERALD**
STREET ADDRESS **383 NW 46TH ST.**
CITY - ST - ZIP **POMPANO BEACH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **DTS**
2.2 NAME **Robert C. Johnson Jr.**
2.3 STREET ADDRESS **4740 SW 134 Ave.**
2.4 CITY - ST - ZIP **FL, Lauderdale, FL 33320**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

407-434-8513

Daytime Phone #

CR2E037 (12/95)