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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36894** (6)

1. Corporation Name

**THE CHURCH PLANTING CENTER, INC.**

Principal Place of Business

Mailing Address

**1852 CENTURY PLACE  
SUITE 204  
ATLANTA GA 30345**

**1852 CENTURY PLACE  
SUITE 204  
ATLANTA GA 30345**



3. Date Incorporated or Qualified

**03/05/1990**

4. FEI Number

**59-2992663**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 4142 Deerbrook Way**

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23 Lilburn, GA.**

**28 Lilburn, GA.**

24 Zip

Country

29 Zip

Country

**30047**

**Gwinette**

**30047**

**Gwinette**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, LYNWOOD C  
1015 MAITLAND CENTER COMMONS  
MAITLAND FL 32751**

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

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 **VD** ☐ DELETE

NAME **COTEZ, COOPER**  
STREET ADDRESS **1852 CENTURY PLACE STE 205**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **TD** ☐ DELETE

NAME **SINGLETON, ROBERT**  
STREET ADDRESS **109 FAWN CT BOX 823**  
CITY-ST-ZIP **ALTO MN**

TITLE **SD** ☐ DELETE

NAME **GYGER, TERRY**  
STREET ADDRESS **34 BOWKER STREET**  
CITY-ST-ZIP **BROOKLINE MA**

TITLE **CD** ☐ DELETE

NAME **NICHOLAS, DAVID**  
STREET ADDRESS **2898 TIMBERCREEK CR NW**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ DELETE

NAME **SLAVIC, JOHN**  
STREET ADDRESS **2500 MILITARY TRAIL 225**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **KOOISTRA, PAUL**  
STREET ADDRESS **1852 CENTURY PLAVE STE 201**  
CITY-ST-ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition

1.2 NAME **BROOKS, Cecil**  
1.3 STREET ADDRESS **1900 Century Blvd. #15**  
1.4 CITY-ST-ZIP **Atlanta, GA 30345**

2.1 TITLE **PD** ☐ Change ☒ Addition

2.2 NAME **THOMPSON, J. Allen**  
2.3 STREET ADDRESS **4142 Deerbrook Way**  
2.4 CITY-ST-ZIP **Lilburn, GA 30047**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **GYGER, Terry**  
3.3 STREET ADDRESS **284 Harvard Street, Apt. 76**  
3.4 CITY-ST-ZIP **Cambridge, MA 02139**

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.

SIGNATURE

January 1, 1998 730 000 1000

CR2E037 (10/97)