

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

55 APR 29 PM 7:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N38545 (2)

1. Corporation Name

THE CHRISTIAN CHURCH IN THE PINES, INC.

Principal Place of Business

Mailing Address

**P O BOX 048124
PEMBROKE PINES FL 33084
US**

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PEMBROKE PINES FL 33084
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1990

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0247708

Applied For

Not Applicable

5. Certificate of Status Desired



**\$0.75 Additional
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)



**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SADER, ROBERT L.
2400 E. COMMERCIAL BLVD.
SUITE 318
FT. LAUDERDALE FL 33308**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MERRITT, LARRY
STREET ADDRESS	7518 GARFIELD ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	TR
NAME	CLYNE, CAROLYN
STREET ADDRESS	7390 MCARTHUR PKWY
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	TD
NAME	CHRISTIAN, TRACY
STREET ADDRESS	8770 JOHNSON ST.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	CD
NAME	CLYNE, BILL G
STREET ADDRESS	7390 MCARTHUR PKWY
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	S
NAME	ERLEWINE, BARBARA
STREET ADDRESS	6491 SW 2ND ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	T
NAME	RUCH, A GREG
STREET ADDRESS	2025 NW 181 TERR
CITY - ST - ZIP	PEMBROKE PINES FL

1.1 TITLE	P-D	☒ Change ☐ Addition
1.2 NAME	FRENIER, MARK	
1.3 STREET ADDRESS	5747 RAMBLER ROAD WY	
1.4 CITY - ST - ZIP	W. PALM BEACH FL 33415	
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	ERLEWINE, RALPH	
6.3 STREET ADDRESS	6491 SW 2 ST	
6.4 CITY - ST - ZIP	PEMBROKE PINES FL 33023	

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:

Ralph W. Erlewine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH W. ERLEWINE T

4-24-95

Date

981-0810

Daytime Phone