

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 # N38545 (2)

1. Corporation Name

THE CHRISTIAN CHURCH IN THE PINES, INC.



Principal Place of Business

Mailing Address

P O BOX 848124
PEMBROKE PINES FL 33084
US

P O BOX 848124
PEMBROKE PINES FL 33084
US

3. Date Incorporated or Qualified
06/06/1990

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0247708

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

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 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 ☐ DELETE
NAME FRENIER, MARK
STREET ADDRESS 5747 RAMBLER ROSS WAY
CITY-ST-ZIP WEST PALM BEACH FL

11 TITLE CD ☒ Change ☒ Addition
12 NAME PAUL BRAY
13 STREET ADDRESS 641 SW 94 TERR
14 CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE TR ☐ DELETE
NAME CLYNE, CAROLYN
STREET ADDRESS 7390 MCARTHUR PKWY
CITY-ST-ZIP HOLLYWOOD FL

21 TITLE S ☒ Change ☒ Addition
22 NAME JEANNIE MARRERO
23 STREET ADDRESS 1710 NW 120 TERR
24 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE TD ☐ DELETE
NAME CHRISTIAN, TRACY
STREET ADDRESS 8770 JOHNSON ST.
CITY-ST-ZIP PEMBROKE PINES FL

31 TITLE T ☒ Change ☒ Addition
32 NAME EVELYN STREETZ
33 STREET ADDRESS 6505 SW 20 COURT
34 CITY-ST-ZIP MIRAMAR FL 33023

TITLE CD ☒ DELETE
NAME CLYNE, BILL G
STREET ADDRESS 7390 MCARTHUR PKWY
CITY-ST-ZIP HOLLYWOOD FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME ERLEWINE, BARBARA
STREET ADDRESS 6491 SW 2ND ST
CITY-ST-ZIP HOLLYWOOD FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME ERLEWINE, RALPH
STREET ADDRESS 6491 SW 2ND ST
CITY-ST-ZIP PEMBROKE PINES FL

61 TITLE 1 ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: Evelyn Streetz Evelyn Streetz 6/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

115 811196

CR2E037 (12/95)