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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33084-0124 US

3. Date Incorporated or Qualified 06/06/1990	3a. Date of Last Report 08/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number 65-0247708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SADER, ROBERT L. 2400 E. COMMERCIAL BLVD. SUITE 318 FT. LAUDERDALE FL 33308	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FRENIER, MARK
STREET ADDRESS	5747 RAMBLER ROSS WAY
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TR <input type="checkbox"/> DELETE
NAME	CLYNE, CAROLYN
STREET ADDRESS	7390 MCARTHUR PKWY
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	CHRISTIAN, TRACY
STREET ADDRESS	8770 JOHNSON ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	BRAY, PAUL
STREET ADDRESS	641 SW 94 TERR
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	S <input type="checkbox"/> DELETE
NAME	MARRERO, JEANNIE
STREET ADDRESS	1710 NW 120 TERR
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	T <input type="checkbox"/> DELETE
NAME	STROETZ, EVELYN
STREET ADDRESS	6505 SW 20 COURT
CITY-ST-ZIP	MIRAMAR FL 33023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-97

Date Daytime Phone # 0028408

CR2E037 (9/96)