

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:07

DOCUMENT # N40817 (1)

1. Corporation Name

CORNERSTONE CHRISTIAN CENTER OF BOYNTON BEACH, I NC.

Principal Place of Business

Mailing Address

9727 SUN POINTE DRIVE
BOYNTON BEACH FL 33437

9727 SUN POINTE DRIVE
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1990

3a. Date of Last Report
02/08/1994

4. FEI Number
65-0226721

Applied For
Not Applicable

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

**FARAGI, GEORGE
9727 SUN POINTE DRIVE
BOYNTON BEACH, 33437**

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 607.0508, Florida Statutes.

SIGNATURE

GEORGE FARAGI

Signature, typed or printed name of registered agent and fee # applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-95

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FARAGI, GEORGE**
STREET ADDRESS **9727 SUN POINTE DRIVE**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D**
NAME **FARAGI, JANET**
STREET ADDRESS **9727 SU POINTE DRIVE**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D**
NAME **DEANGELO, ALBERT**
STREET ADDRESS **2713 CRANBROOK DR**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **S/T** Change Addition
3.2 NAME **CEDRLUND, JEROLD**
3.3 STREET ADDRESS **7517 PRESCOTT LA**
3.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 transferee thereof; and that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GEORGE FARAGI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-95

DATE

(407) 364-0141

TELEPHONE NUMBER