

# 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 # N40817 (1)**  
1. Corporation Name  
**CORNERSTONE CHRISTIAN CENTER OF BOYNTON BEACH, I NC.**



Principal Place of Business <b>9727 SUN POINTE DRIVE BOYNTON BEACH FL 33437</b>	Mailing Address <b>9727 SUN POINTE DRIVE BOYNTON BEACH FL 33437</b>
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3. Date Incorporated or Qualified <b>11/13/1990</b>	3a. Date of Last Report <b>01/23/1995</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0226721</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b>  <b>FARAGI, GEORGE</b> <b>9727 SUN POINTE DRIVE</b> <b>BOYNTON BEACH, 33437</b>	<b>10. Name and Address of New Registered Agent</b>  <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <div style="text-align: right;"><b>FL</b> <b>85</b> Zip Code</div>
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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	D <input type="checkbox"/> DELETE <b>FARAGI, GEORGE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARAGI, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>9727 SUN POINTE DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE <b>FARAGI, JANET</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARAGI, JANET</b>	2.2 NAME	
STREET ADDRESS	<b>9727 SU POINTE DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE <b>CEDERLUND, JEROLD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEDERLUND, JEROLD</b>	3.2 NAME	
STREET ADDRESS	<b>7517 PRESCOTT LA</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:** \_\_\_\_\_ *George Faragi* **1/18/96** **(407) 364-0141**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)