

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90019 022 \*\*\*\*61.25

**DOCUMENT # N40817**

1. Entity Name

**CORNERSTONE CHRISTIAN CENTER OF BOYNTON BEACH, I**

Principal Place of Business

Mailing Address

**9727 SUN POINTE DRIVE  
 BOYNTON BEACH FL 33437**

**9727 SUN POINTE DRIVE  
 BOYNTON BEACH FL 33437-3333**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0226721**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FARAGI, GEORGE</b>
STREET ADDRESS	<b>9727 SUN POINTE DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FARAGI, JANET</b>
STREET ADDRESS	<b>9727 SU POINTE DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>CEDERLUND, JEROLD</b>
STREET ADDRESS	<b>7517 PRESCOTT LA</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	<b>SCAVONE, AL</b>
STREET ADDRESS	<b>10140 NW 37 ST</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GEORGE FARAGI** *George Faragi*

**1/4/00**

**(561)364-0141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #