


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N40817
1. Entity Name
CORNERSTONE CHRISTIAN CENTER OF BOYNTON BEACH, INC.



Principal Place of Business: 11443 W. PALMETTO PK RD, BOCA RATON, FL 33428
Mailing Address: 9727 SUN POINTE DRIVE, BOYNTON BEACH, FL 33437

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01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0226721 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FARAGI, GEORGE
9727 SUN POINTE DRIVE
BOYNTON BEACH, FL 33437

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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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARAGI, GEORGE
STREET ADDRESS	9727 SUN POINTE DRIVE
CITY-ST-ZIP	BOYNTON BCH, FL
TITLE	VD
NAME	FARAGI, JANET
STREET ADDRESS	9727 SU POINTE DRIVE
CITY-ST-ZIP	BOYNTON BCH, FL
TITLE	ST
NAME	FESLER, CHARLES
STREET ADDRESS	12799 HAMPTON LAKES CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	SCAVONE, AL
STREET ADDRESS	10140 N.W. 37 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/05-80074-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and all other like empowered.

SIGNATURE: George Faragi **GEORGE FARAGI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/1/05 Daytime Phone #: 561-364-7549
561-375-7952