


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0226721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000624017
 02/14/07-80014-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARAGI, GEORGE 9727 SUN POINTE DRIVE BOYNTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARAGI, JANET 9727 SU POINTE DRIVE BOYNTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIDERS, SCOTT 19745 COLORADO CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAVONE, AL 4632 ROTHCHILD DRIVE POMPANO BEACH, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rev. George Farage* **REV. GEORGE FARAGE** *2/1/07* **561-375-7952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #