FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N9300000599 (1)

CORAL COAST CHURCH OF CHRIST, INC.

Principal Place	e of Business	Mailing Address				88181 \$1118 IB118 IB11 10B1
		54 NW 6 AVE BOCA RATON FL 33432-362	22			
					3. Date Incorporated or Qualified 3a. Date 02/12/1993 0	of Last Report 5/01/1996
2. Principal Place of Business		2e. Mailing Address 26			4. FEI Number 65-0465803	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30	/	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curren		301		10. Name and Address of New Registered Ag	
	at trains and transfer at addition		81	Name	· · · · · · · · · · · · · · · · · · ·	
DAMPO	AN DODERT					
DAVIDSON ROBERT 54 NW 6 AVE			82	Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432			83			
א איטטט	NION I'E 0010E					
			84	City	FL	85 Zip Code
11. Pursuant i	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the abov	e-named	• • • • • • • • • • • • • • • • • • • •	nanging its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.0508. Florida Statules, 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.						
•	in lattilia with and accept the conge	Ittoris or, dection on 1000s, 1301	ilua Olalolo	5.		İ
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable: MOTE	Registered Ag	eni s gnature	e required when reinstating) DATE	
12.			13.			
TITLE	PD	DELETE	1.1 TITLE		Edward Constantine	Change Addition
NAME	ROTH, RON				14805 5 Spur DRIVE	VP D
STREET ADDRESS			1.3 STREET ADDRESS		14 103 3 3 5 0 K DKW	VFD
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	N. Miami, FL 33161	
TITLE			2.1 TITLE		FRANK GUBA Change Addition	
NAME			2.2 NAME		661 NW 66 AV	PD
STREET ADDRESS	11180 NW 36 CT.		23 STREE	T ADDRESS	1	12
CITY-ST-ZIP			2 4 CITY-	ST-ZIP	Plantation, FL 33317	
TITLE	D	DELETE	3.1 TITLE		CAREN Fitz PATRICK 4161 SW 70 TER. DAVIE, I-L 33314	Change Addition
NAME	STANFORTH, KRAIG	RAIG 3.2			HILL SUL TO TEE.	5 D
STREET ADDRESS	480 NW 6 AVE		3.3 STREE	T ADDRESS	23344	~
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. GITY-	\$1-2IP	DAVIE 1-6 33314	
TITLE	D	DELETE	4.1 TITLE		ļ L	Change Addition
NAME	RIOS, STEVE		4. 2 NAME			ļ
STREET ADDRESS	3570 N.W. 113TH TERRACE		4.3 STREE	ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CiTY-3	ST-ZIP		T-2.
TITLE	TD	DELETE	5.1 TITLE			Change Addition
NAME	DAVIDSON, ROBERT		5.2 NAME			
STREET ADDRESS	54 NW 6 AVE		5.3 STREE	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		5.4 CITY - I	ST-ZIP	<u></u>	7-1
TITLE		☐ DELETE	6.1 TITLE		_	Change Addition
NAME,			6.2 NAME			Į
STREET ADDRESS			6.3 STREE	T ADDRESS		

14. Ido 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 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 all achment with an adviress.

64 CITY-ST-ZIP

FILED

Jun 03 1997 8:00am

Secretary of State