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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400003360 (4)

CORNERSTONE CHRISTIAN CHURCH OF THE PALM BEACHES . INC.

| , INC. | | | | | | | | | | | | | | | |
|---|--------------------------------|-----------------|---|----------------|---|------------------|-----------|---------------------|----------------|---|--|--------------------------|------------------------------|-------------------------------------|---|
| Principal Place of Business | | | | | Mailing Address | | | | | | | | ## ## | 148 01111 0011 1001 | |
| 6295 LAKE WORTH RD SUITE 24 LAKE WORTH FL 33463 | | | | | 6295 LAKE WORTH RD SUITE 24 LAKE WORTH FL 33463 | | | | | | | | | | |
| | | | | | | | | | | | 3. Date Incorporated or Qualified 07/07/1994 | 3a. | Date of Lat 05/01/ | st Report 1995 | |
| 2. | 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | | 4. FEI Number ED FOR 45 | ACPU | 1001 | Applied For | _ |
| 21 | | | | 2 | 26 | | | | | | APPLIED FUR (4.3 | 0307 | 079 | Not Applicable | _ |
| 22 | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | | 75 Additional e Required | |
| Щ | City & State | | | | City & State | | | | | | 6. Election Campaign Financing | | \$ 5. | 00 May Be | _ |
| 23 | | | | 2 | 28 Com | | | 3 | | | Trust Fund Contribution | | | ied to Fees | _ |
| 24 | Zip Country | | | } . | Zip Country 30 | | | | | This corporation has liability for Florida Statutes | r intangible 🏻 Yes | - | s. 199.032, | | |
| 9. Name and Address of Current | | | | | | | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | | • | | | 81 | Nam | e | | | | · | - |
| | PHILLIPS | , FRANK | | | | | | | | | (D.O. Dou Ni mbar ia Nat Assenti | -C1-V | | | _ |
| 8001 PINE TREE LANE | | | | | 82 | | | | Stree | et Addres | ss (P.O. Box Number is Not Accepta | abiej | | | |
| | LAKE CL | ARKE SHO | RES FL 33406 | ; | | | | 63 | | | | | | | - |
| | | | | | | • | | 84 | City | | | | loe I | 7-0-1- | _ |
| | | | | | | | | 64 | City | | | F | L 85 7 | Zip Code | |
| 11 | or register | ed agent, or | ons of Sections 6 both, in the State of the obligations | of Florida, S | uch char | ige was authoria | zed by th | above n ne corpo | amed ration | corporati 's board | ion submits this statement for the p of directors. I hereby accept the ap | urpose of o pointment | changing its as registere | registered office ed agent. I am | |
| S | GNATURE | | - | | | | | | | | | | | | |
| ļ | | Signature typed | or printed name of regis | | | | | | signatui | e required w | hen reinstatingi | DATE | | | |
| 12 | ···-· | CED | OFFIC | ERS AND DI | RECTORS | | | 13. | | -T | ADDITIONS/CHANGES TO OF | FICERS A | | | _ |
| TIT | l | BOSLEY | IAMES | | | DELETE | | 1 TITLE | | CE | Dim bil - Marin in the | | Change Change | Addition | |
| | ME | | RMOUTH DR. | | | | • | .2 NAME | | | ebner, William | | | | |
| ļ | REET ADDRESS | | ALM BEACH F | 33414 | | | | .3 STREET | | | '92 Melaleuca Dr | • | | | |
| TIT | Y-ST-ZIP | D | TEM DESCRIPTION | | • • • | DELETE | | .4 CHY-S | - ZIP | - W - | Palm Beach, F1 | . 33 | 406 | e | |
| | ME I | - | , FRANK M | | | Morreir | | | | } | | | Change | : Addition | |
| | REET ADDRESS | | IE TREE LANE | | | | | 2 NAME .3 STREET | , DDOCC | _ | | | | | |
| | Y-ST-ZI2 | | ARK SHORES | | | | | . 4 CIFY-S | | ` | | | | | |
| TIT | | TE. | | | | ★]DELETE | | 1 THILE | 1 - ZIF | TE | | | Change | e | - |
| | ME | BAKER, | gene a | | | | | 2 NAME | | | ard, Kenneth L. | | KP1 2 | | |
| ST | REET ADDRESS | 155 BILE | AO STREET | | | | | 3 STREET | ADDRES | | 65 Wauconda Way | | | | |
| CIT | Y-ST-ZIP | ROYAL F | Palm Beach 1 | FL 33411 | | | 3 | 4 CITY-S | F-ZIP | | ke Worth, F1 3 | | | | |
| TiT | | | | | | DELETE | | 1 TITLE | | | | | Change | Addition | |
| NA | ME | | | | | (| 4. | 2 NAME | | | | | | | |
| ST | REET ADDRESS | | | | | / | 4. | 3 STREET | ADORES | 3 | | | | | |
| ÇIT | Y-ST-21P | | | | | | 4. | .4 CITY - ST | - ZIP | | | | | | |
| TiT | LE | | | | | DELETE | 5 | 1 TITLE | | | | | Change | Addition | |
| NA. | ME | | | | | | 5. | .2 NAME | | | | | | | |
| STE | REET ADDRESS | | | | | | 5. | 3 STREET | ADDRES | 5 | | | | | |
| | Y-\$T-ZIP | | | | | | | 4 CITY - ST | - ZIP | ļ | | | <u></u> | <u> </u> | |
| TIT | | | | | | DELETE | | 1 TITLE | | | | | ☐ Change | Addition | |
| | ME | | | | | | | .2 NAME | | | | | | | |
| | REET ADORESS | | | | | | 6. | .3 STREET | | 3 | | | | | |
| CIT | V. ST. 712 | | | | | | c | A CITY - ST | - 710 | 1 | | | | | |

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 attachalent with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRANCE NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #

42E037 (12/95