

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003360 (4)**

1. Corporation Name
CORNERSTONE CHRISTIAN CHURCH OF THE PALM BEACHES, INC.



Principal Place of Business: **6295 LAKE WORTH RD SUITE 24 LAKE WORTH FL 33463**
Mailing Address: **6295 LAKE WORTH RD SUITE 24 LAKE WORTH FL 33463**

3. Date Incorporated or Qualified: **07/07/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: **APPLIED FOR 65-0584094**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PHILLIPS, FRANK
8001 PINE TREE LANE
LAKE CLARKE SHORES FL 33406**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	BOSLEY, JAMES	
STREET ADDRESS	2748 YARMOUTH DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, FRANK M	
STREET ADDRESS	8001 PINE TREE LANE	
CITY-ST-ZIP	LAKE CLARK SHORES FL 33406	
TITLE	TE	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, GENE A	
STREET ADDRESS	155 BILBAO STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Huebner, William	
13 STREET ADDRESS	2792 Melaleuca Dr.	
14 CITY-ST-ZIP	W. Palm Beach, Fl 33406	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	TE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Beard, Kenneth L.	
33 STREET ADDRESS	6165 Wauconda Way E.	
34 CITY-ST-ZIP	Lake Worth, Fl 33463	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 attachment with an address.

SIGNATURE: *Frank M. Phillips* **JAN 18 1996 407-585-5847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FRANK M. PHILLIPS**
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)