FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9700006484

1. Corporation Name

CORAL SPRINGS CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90008 045 ****70.00

1253 UNIVERSITY DR., STE. 210 CORAL SPRINGS FL 33071 1253 UNIVERSITY DR., STE. 210 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071									
2. Principal	Place of Business	2a. Mailing Addres	is			3. Date Incorporated or Qualifed			
21		26				11/14/1997			
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number	Apr	olied For	
22		27				65-0749576		Applicable	
City & Sta	ate	City & State		-		5. Certificate of Status Desired	\$8.75 _A Fee Red		
Zip	Country Zip			Country	ntry 6. Election Campaign Financing		\$5.00	\$5.00 May Be	
24	25	29	30			Trust Fund Contribution	Added to		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81	Name		•	•	
GIBBINGS, THEO					Street Add	dress (P.O. Box Number is Not Acceptable)	·		
11750 NW 6TH ST									
	TION FL 33325			83					
				84	City	F	85 Zip C	ode	
office or	nt to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change	was author	ized by	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its regionstruction	registered jistered	
SIGNATURE	≣								
	Signature, typed or printed name of registered ag-		<u> </u>	tered Ager	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	29 IN 12	
12.	OFFICERS AND DIRECTORS Delete			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition	
TITLE	D DOCTOR			2 NAME			onango		
NAME	BEER, DOCTOR L					•	•		
STREET ADDRESS 10017 NW 45TH ST.				1.3 STREET ADDRESS					
C/TY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-ST-ZIP			☐ Change	Addition	
TITLE	D	C DEL		2.1 TITLE			. Change		
NAME	KING, GARY		I 7	2.2 NAME					
STREET ADDRES			1 2	2.3 STREET	FADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071			2. 4 CITY-S	T-ZIP			☐ Addition	
TITLE	PD	DEL		3.1 TITLE			Change	Addition	
NAME	KING. LINDA		3	3.2 NAME	1	•			

PLANTATION FL 33325 14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

STREET ADDRESS 8586 NW 2ND ST.

STD

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRES

TITLE

NAME

TITLE

NAME

CORAL SPRINGS FL 33071

10161 NW 36TH ST., #A

10161 NW 36TH ST., #A

CORAL SPRINGS FL 33065

CORAL SPRINGS FL 33065

PAREDES, ISABEL

PAREDES, JOSE

GIBBINGS, NILDA

11750 NW 6TH ST.

DELETE

☐ DELETE

DELETE

☐ Change

☐ Change

☐ Change

☐ Addition

Addition

☐ Addition