


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90058 037 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002463

1. Corporation Name
CENTRO CRISTIANO FAMILIAR DE BOCA RATON, INC.

Principal Place of Business 10021 COUNTRY BROOK ROAD BOCA RATON FL 33428-4217	Mailing Address 10021 COUNTRY BROOK ROAD BOCA RATON FL 33428-4217
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2. Principal Place of Business 21 21121 ORIOLE COUNTRY ROAD Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL Zip Country 24 33428-1195 25 USA	2a. Mailing Address 26 21121 ORIOLE COUNTRY ROAD Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip Country 29 33428-1195 30 USA	3. Date Incorporated or Qualified 04/27/1998	4. FEI Number 65-0838182 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GERMAN, MARIO D
~~8101 W COMMERCIAL BLVD.~~
~~SUITE 3300Z~~
~~FORT LAUDERDALE FL 33309~~

NEW ADDRESS
 SAME AGENT →

81 Name GERMON MARIO D	82 Street Address (P.O. Box Number is Not Acceptable) 100 E. SAMPLE ROAD, SUITE 320
83	84 City POMPAHO BEACH FL
85 Zip Code 33064	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGLIESE, RICARDO M	1.2 NAME	
STREET ADDRESS	3630 NW 85 WAY #302	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTESINO, ANDRES	2.2 NAME	
STREET ADDRESS	10339 SUNSTREAM	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLEJO, MARYBEL	3.2 NAME	
STREET ADDRESS	6001 NW AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 4/9/99 (954) 746-8626

CR25037-11/081