


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90155 010 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702609**

1. Corporation Name  
**BIBLE CHURCH OF GOD, INCORPORATED, OF BOYNTON BEACH, FLORIDA**

Principal Place of Business 1390 N. SEACREST BLVD BOYNTON BEACH FL	Mailing Address P. O. BOX 5405 FT LAUDERDALE FL 33310 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/26/1961</b>
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-2822199</b>
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29
		30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PAYNE, LEROY</b> <b>555 N.W. 10TH AVE.</b> <b>BOYNTON BEACH FL 33435</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANKS, SYLVESTER</b>	1.2 NAME	
STREET ADDRESS	<b>221 ROSS DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONDON, LEROY</b>	2.2 NAME	
STREET ADDRESS	<b>2862 N.W. SISTRUNK BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOTTAGE, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>630 S. 6TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, GEORGE</b>	4.2 NAME	
STREET ADDRESS	<b>410 NW 3 AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	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: LEROY LONDON SIGNATURE REQUIRED: LEROY LONDON Date: 3-1-99 Daytime Phone #: 954-791-1311

CR2E037 (11/98)