


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702609</b> 1. Entity Name <b>BIBLE CHURCH OF GOD, INCORPORATED, OF BOYNTON BEACH, FLORIDA</b>					
Principal Place of Business <b>1390 N. SEACREST BLVD BOYNTON BEACH FL</b>		Mailing Address <b>P O BOX 5405 FT LAUDERDALE FL 33310 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2822199</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAYNE, LEROY 555 N.W. 10TH AVE. BOYNTON BEACH FL 33435</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, SYLVESTER		NAME		
STREET ADDRESS	221 ROSS DRIVE		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH FL		CITY- ST- ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, LEROY		NAME		
STREET ADDRESS	2862 N.W. SISTRUNK BLVD		STREET ADDRESS		
CITY- ST- ZIP	FT. LAUDERDALE FL 33311		CITY- ST- ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTTAGE, PAUL		NAME		
STREET ADDRESS	630 S. 6TH STREET		STREET ADDRESS		
CITY- ST- ZIP	LAKE WALES FL		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GEORGE		NAME		
STREET ADDRESS	410 NW 3 AVENUE		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2822199** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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Due By May 1, 2005**

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**Make Check Payable to  
Florida Department of State**

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01/28/05-80055-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leroy London 1-25-05 954.303.0727