ANNUAL REPORT (AR)

DOCUMENT # 702609  1. Entity Name  BIBLE CHURCH OF GOD, INCORPORATED, OF BOYNTON BEACH, FLORIDA						FILEL 16, 2006 ecretary o	08:00 A	M
Principal Place of Business 1390 N. SEACREST BLVD BOYNTON BEACH FL		Mailing A P O BO FT LAU US		310				
2. Principal P	Place of Business	3. Mailing Address				sand liain atter abed the siril	I BIBII BIBII BIBII BIBIS BIB	19 <b>1</b> 0) 20 (80)
Suite, Apt. #, etc.		Suite, Apt #, etc.			1st MC	ORE CR2E	E037 (10/05)	
City & State		City 8	State		4. FEI Number	9-2822199	<del></del>	oplied For at Application
Zip	Country	Zıp		Country	5. Certificate of Si	latus Desired	CO 75	iltional
	5. Name and Address of Curren	Registered	Agent	Name	7. Name and Add	fress of New Registe		
555	NE, LEROY N.W. 10TH AVE.	Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
BO1	/NTON BEACH FL 33435			City			FL Zip Con	· ·
8. The above the obligat SIGNATURE	e named entity submits this statement fitions of registered agent.  Signature lypnic or pirates humb of registered agen			gistered affice or regis			I am familiar with,	and accept
16.	FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Camp Trust Fund Go	aign Financing nthbution.	\$5.00 May Be Added to Fees	Make C Florida De	neck Payable epartment of !	State
TITLE NAME	PD BANKS, SYLVESTER	HECTORS	☐ Doleto	TITLE  NAME  STREET ADDRESS  CHY-SI-21P		es to officers an U0000043600 /27/06-8001	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LONDON, LEROY 2862 N.W. SISTRUNK BLVD FT. LAUDERDALE FL 33311		☐ Detete	INSLE NAME SIREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition
THTLE NAME STREET ADDRESS CITY- ST- ZIP	ASD NOTTAGE, PAUL 630 S. 8TH STREET LAKE WALES FL		☐ Dēriētē	HYLE NAME STREET ADDRESS CITY-ST-2IP			Change	☐ Addition
DITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, GEORGE 410 NW 3 AVENUE BOYNTON BEACH FL	-	□ Octete	THE NAME SHEET ADDRESS CHY-SE-ZIP			☐ Change	☐ Aødilíar
TITLE MAMIC STREET ABORESS CITY-ST-ZIP			☐ Delete	IITLE NAME STRELT ADDRESS OHY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	THLE NAME STREET ADDRESS GHY-ST-ZIP			☐ Change	☐ Addition
of the co	certify that the information supplied wild on this report or supplemental report or supplemental report suppration or the receiver or trustee emed, or on an attachment with an address.	is true and acompowered to e	curate and that my execute this report	r signature shall have t as required by Chapte	ibe same legal effect as	if made under oath: t	hat Lam an office:	notherion

2/10/00