

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 MAY -1 PH 9: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703493 (7)

1. Corporation Name

FIRST FREE WILL BAPTIST CHURCH OF DEERFIELD BEACH, FLORIDA, INC.

Principal Place of Business

307 S.E. 15 ST.
DEERFIELD BEACH FL 33441

Mailing Address

P.O. BOX 440
DEERFIELD BEACH FL 33443-0440
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1962

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2351240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33443-0064

30

USA

9. Name and Address of Current Registered Agent

**BLONDER, LUCILLE
208 NE 10 ST
POMPANO BCH FL 33060**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Lucille Blonder, Treasurer

Lucille Blonder

April 17, 1995

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BLONDER, SEYMOUR
208 NE 10 ST
POMPANO BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**REV
WILSON, BILLY R
1417 S.E. 3RD TERRACE
DEERFIELD BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
BLONDER, LUCILLE
208 NE 10TH STREET
POMPANO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CLASPILLE, NORMA JEAN
2821 NE 10 TERR
POMPANO BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Lucille Blonder, Treasurer *April 17, 1995* (305) 943-0665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #