## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998

SIGNATURE:

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FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
May 20 1998 8:00am
Secretary of State

	MEN   # 70400	` '				
FIRST	BAPTIST CHURCH OF NOI	rth Lauderdale, inc.				
Principal Place	e of Business	Mailing Address				1 100011) 100011 00111 01111 00111 00111 01111 01111 01111 01111 01111 01111 01111 01111 01111
6177 KIMBERLY	6177 KIMBERLY BLVD	KIMBERLY BLVD			3. Date Incorporated or Qualified	
n Lauderdale	FL 33068-2801	N LAUDERDALE FL 33068-28	N LAUDERDALE FL 33068-2801			05/07/1962
						4. FEI Number Applied For
2. Principal Pl	lace of Business	2a. Mailing Address				59-6532448   Not Applicab
21 26						5. Certificate of Status Desired Fee Required
Suite, Apt	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
City & State	)	City & State				Trust Fund Contribution
23		28				Yes No
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre		30		<del></del>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
				81	Name	
KORNEFI	F, <b>B</b> ill		ŀ	82	Street Addr	ress (P.O. Box Number is Not Acceptable)
5457A S				83		· · · · · · · · · · · · · · · · · · ·
MARGAT	E FL 33312					
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the at	POVE	named corp	poration submits this statement for the purpose of changing its registerer
agent. I a	m <b>fa</b> miliar with, and accept the oblig	jations of, Section 617.0503, Flor	ida Stat	utes		tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if anythrable ANOTE	Boolelored	LAnor	of Pionel up require	red when reinstaling} DATE
12.		ID DIRECTORS	13.	i Agoi	ii bigrisidib require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE	J	☐ Change ☐ Addition
NAME	KORNEFF, BILL		1.2 NA			
STREET ADDRESS CITY+ST-ZIP	\$457A SW 11ST MARGATE FL		1.3 ST 1.4 CD		ADDRESS	
TITLE	STD	<b>DELETE</b>	2.1 TIT		- 211	Change Addition
NAME	CLIFFORD, KIMBERLY		2.2 NA	ME	1	
STREET ADDRESS	11650 NW 43 ST		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	☐ DELETE	2. 4 CITY-1		T- ZIP	Change Addition
TITLE NAME	VD Espeut, leo		3.1 TIT 3.2 NA		1	
STREET ADDRESS	6710 SW 18 CT.		1		ADDRESS	
CITY-ST-ZIP	POMPANO FL		3.4. CI	TY-S	T-ZIP	
TITLE		DELETE	4.1 T(1	LE		☐ Change ☐ Addition
NAME			4. 2 N/			
STREET ADDRESS			•		AODRESS	
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	4.4 CiT		-2117	☐ Change ☐ Additio
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP		T bruere	5.4 CI1		<u> - ZIP</u>	
TITLE		☐ DELETE	6.1 TIT 6.2 NA		1	Change Addition
NAME STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT			
14. Thereby o			the exe	mpt	ion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an
officer or o	on this ambian report of supplicition in director of the corporation or the record Block 13 if changed, or on an atta	eiver or truster empowered to a	xecute th	his r	eport as requ	uired by Chapter 617, Florida Statutes; and that my name appears in