FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

704609

(7)

PLANTATION BAPTIST CHURCH, INC.

							Ì					
Principal Place	of Business	Mailing	Mailing Address					I LEMILI AMERI METRI	ulaid Dilli D a lin (iāta Billai menel mil	11 01011 011	III AFAFF IN SI
11700 N.W. 28 (CT.	11700 (11700 N.W. 28 CT.									
PLANTATION FL	. 33323	PLANT/	PLANTATION FL 33323-1832									
							Ì	3. Date incorporated	or Qualified	3a. Date of	Last Re	port
								09/27/1962		02/	01/199	6
2. Principal Pla	ace of Business	2a. Ma	2a. Mailing Address					4. FEI Number 59-1316308			Applied For	
21		26						38-13 1030	<u> </u>			Applicable
Suite, Apt. 4	#, etc.		Suite, Apt. #, etc.					5. Certificate of Statu	s Desired	□ \$	8.75 A Fee Red	dditional
City & State	<u> </u>		City & State					& Clastica Compaign	Eineneine			·
23	•	·	28					Election Campaign Trust Fund Contrib	~		5.00 (Added to	
Zip	Country	Zip		C	ountry			8. This corporation ha				
24	25	29		30				Florida Statutes		Yes 🔲 N	0	
	9. Name and Address of Curr	ent Registere	d Agent					10. Name and Address	s of New Re	gistered Age	1 t	
					81	Name						
LEMAN, HOWARD A., REV				82 Street Add			oddres	s (P.O. Box Number is	Not Acceptab	le)		
1	.W. 28TH COURT											
PLANIA	TION FL 33323				83							
					84	City				FL B	Zip C	ode
11. Pursuant t	to the provisions of Sections 617.0	502 and 617 1	508. Florida Statu	es the	above	a-named o	COLDO	ration submits this state	ment for the p	urnose of cha	naina ita	registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ite of Florida. S	Such change was	authoria	zed by	the corp	oratio	n's board of directors. I	hereby accep	the appoint	nent as	registered
1	Triairmia: with, and accopt the ob-	igations of, de	01/01/01/2.0303, 11	orida o	LLIGIO							
SIGNATURE _	Signature, typed or printed name of registered	agent and tille if app	olicable. (NO	E: Registe	red Age	nt signature	required	when reinstating)		DATE		
12.		ND DIRECTO		13	3.	······	·	ADDITIONS/CHANG	SES TO OFFIC			
TITLE	PD		☐ DELETE	1.1	TITLE					لــا	Change	Addition
NAME	LEMAN,HOWARD A				NAME							
STREET ADDRESS	11920 NW 27TH STREET					ADDRESS						
CITY-ST-ZIP TITLE	PLANTATION FL DT		DELETE	_	CITY-S	T-ZIP				¥/	Change	Addition
NAME	KARCZEWSKI, FRANK		La Octob	1	NAME	ነ					n Kariğa	
OFFICET ADDRESS (2111 N.W. 74TH AVENUE					ADDRESS	4	80 E MOUNT	VERNO	N .		
CITY - ST - ZIP	SUNRISE FL			- 1 -	4 CATY - S			LANTATION,		3325		
TITLE	DS	·	DELETE		TITLE						Change	Addition
NAME	BROWN, MICHAEL J		•	3.2	NAME	1						
STREET ADDRESS	5236 NW 99TH AVENUE			3.3	STREET	ADDRESS						
CITY-ST-ZIP	SUNRISE FL		3.4	3.4. CITY-ST-ZIP								
TITLE	DS DELETE		4.1	4.1 TITLE						Change	Addition	
NAME	DR. BOB BOICE			4.	2 NAME							
STREET ADDRESS	8510 SUNRISE LAKE	ES BLVD.	(#105)	4.3	STREET	ADDRESS						
CITY-ST-ZIP	SUNPISE, FL. 33		•	4.4	CITY-S	r-ZIP						
TITLE			DELETE		TITLE						Change	Addition
NAME				5.2	NAME							
STREET ADDRESS				5.3	STREET	ADDRESS						
CITY-ST-ZIP				5.4	CITY-S	T-ZIP						
TITLE			DELETE	_	TITLE						Change	Addition
NAME				6.2	NAME							

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SEAL OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

16/97

954-473-2424

FILED

Jan 21 1997 8:00am

Secretary of State