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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

704609

(7)

PLANTATION BAPTIST CHURCH, INC.

Principal Place of Business				Mailing Address				\$ 100(11) 109(4 0 0) 45 0 10 16 0 11		015 B1011 45016 W	I d ea 4 i 4 i 1 i 1 4 4 i
11700 N.W. 28 CT.			11700 N.W. 28 CT.			3. Date Incorporated or Qui	alified	,			
PLANTATION FL 33323			PLANTATION FL 33323			09/27/1962					
							4. FEI Number		A	oplied For	
								59-1316308		No.	ot Applicable
2. Principal Place of Business				2a. Mailing Address			5. Certificate of Status Desi	ed 🗆	\$8.75	Additional	
21			26			or continued or states seem		Fee R	equired		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Finan		\$5.00			
22				27			Trust Fund Contribution		Added t		
23	City & State		City & State			7. Is this nonprofit corporati	7. Is this nonprofit corporation a homeowners association?				
_	Zip		Country	Zip		Country		8. This corporation owes or	has paid the cu	rrent vear In	tangible
24	¬ ¬ ,		29 30			Personal Property Tax du			J No ¹		
			and Address of Current		1	<u>'</u>		10. Name and Address of N	lew Registered	Agent	
						81	Name		•		
LEMAN, HOWARD A., REV					82	Street A	ddress (P.O. Box Number is Not Ad	ceptable)			
	11700 N.	.W. 28TH C	COURT			-					
	PLANTAT	TION FL 33	323			83					
						84	Cîty		FI	85 Zip	Code
11.	Pursuant t	to the provisi	ons of Sections 617.0502	and 617.1508. Flori	ida Statutes.	the above	-named o	corporation submits this statement for	or the purpose of	of changing i	ts registered
	office or re	egistered ag	ent, or both, in the State of	of Florida, Such char	nge was auti	norized by	the corp	corporation submits this statement for oration's board of directors. I hereby	accept the app	pointment as	registered
	agent. i ar	m tamıllar wit	in, and accept the colliga	uons or, secuon or/	JUSUS, FIUITU	ia Jiailiici					
	=										
SIG	NATURE								DATE		
SIG	SNATURE _		or printed name of registered agen	t and title if applicable.				equired when reinstating) ADDITIONS/CHANGES TO	DATE		
	SNATURE _		or printed name of registered agen	t and title if applicable. DIRECTORS		egistered Ago		equired when reinstating)	DATE		
12.	SNATURE _	Signature, typed	or printed name of registered agen	t and title if applicable. DIRECTORS	(NOTE; R	egistered Ago		equired when reinstating)	DATE	D DIRECTOR	R\$ IN 12
12. TITL	SNATURE _	Signature, typed PD LEMAN, I	or printed name of registered agen OFFICERS AND	t and title if applicable. DIRECTORS	(NOTE; R	egistered Ago 13. 1.1 TITLE	ent signature i	equired when reinstating)	DATE	D DIRECTOR	R\$ IN 12
12. TITL NAM STRI	E EET ADDRESS	Signature, typed PD LEMAN, I	OFFICERS AND HOWARD A W 27TH STREET	t and title if applicable. DIRECTORS	(NOTE; R	egistered Ago 13. 1.1 TITLE 1.2 NAME	ADDRESS	equired when reinstating)	DATE	D DIRECTOR	R\$ IN 12
12. TITL NAM STRI	E EET ADDRESS	PD LEMAN,F 11920 N	OFFICERS AND HOWARD A W 27TH STREET	at and title if applicable. DIRECTORS D D	(NOTE; R	egistered Ago 13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	equired when reinstating)	DATE	D DIRECTOR	R\$ IN 12
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14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE: