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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714476**

1. Corporation Name
PINES BAPTIST TEMPLE, INC.

Principal Place of Business	Mailing Address
9996 PINES BLVD. PEMBROKE PINES FL 33025	P.O. BOX 694140 MIAMI FL 33269-4140

2. Principal Place of Business 21 7 W. Flamingo Drive Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines, FL Zip 24 33027 Country 25 USA	2a. Mailing Address 26 7 W. Flamingo Drive Suite, Apt. #, etc. 27 City & State 28 Pembroke Pines, FL Zip 29 33027 Country 30 USA	3. Date Incorporated or Qualifed 04/22/1968 4. FEI Number 59-6080540 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILL,STANLEY F. 1120 N.E. 204TH TERRACE MIAMI FL 33179	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, KENNETH W.		1.2 NAME		
STREET ADDRESS	2000 NW 91 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEARN, DWIGHT S.		2.2 NAME		
STREET ADDRESS	7630 NW 5 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILL, STANLEY F		3.2 NAME		
STREET ADDRESS	1120 NE 204 TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Stanley SIGNATURE REQUIRED 1/29/99 954-443-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #