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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 718694

(3)

FIRST BAPTIST CHURCH OF LOXAHATCHEE, FLORIDA, IN



| Principal Place of Business Mailing Address | | | | | - I JOBAN ROBE TORK GRAND COME BEAT OF A DEATH OF BUT OF B | | | | |
|---|--|---|--|---|--|---|--------------|------------------------|-------------------------------|
| 517 FOLSOM ROAD 517 FOLSOM ROAD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 | | | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 06/16/1970 | | e of Last I 1/30/19 | |
| Principal Place of E | 3usiness | 2a. Mailing Address | | | | 4. FEI Number 05-0017060 | | -+- | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | • | O May Be d to Fees |
| Zip | Country | Zıp | ⊢ -¬ | ountry | | 8. This corporation has liability for in | tangible tax | under s. | 199.032 |
| <u> </u> | 25 | 29 | 30 | | | | Yes 🔼 | | |
| 9, 1 | Name and Address of Current | Registered Agent | | 81 | Namo | 10. Name and Address of New Re | Aistelea V | Aeur | |
| | | | | 81 | Name | | | | |
| LORENZO, BONNY LYNN 2106 SHERWOOD FOREST BLVD #19 107 Santiago Str | | | tract | B2 | Street Addre | ess (P.O. Box Number is Not Acceptable | e) | | |
| WEST PALM B | CH FL 23400 | 107 SantiagoSi Royal Palm Bch, 1 33 | FL | B3 | | | | | |
| | | <i>' 33</i> | 34/1 | 84 | City | | FL | 85 Zr | p Code |
| | | | | | | ation submits this statement for the purp | | | |
| familiar with, and | accept the obligations of, Sections of Sec | on 617.0503, Florida Statute | es. | | signature required : | | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13 | 3. | ···· | ADDITIONS/CHANGES TO OFFI | | | |
| TITLE TO | | ☐ DELETE | 11 | 1 TITLE | | | |] Change | Addition |
| NAME HUI | DSON, RHONDA | AZL Dave ALD | 1.2 | 2 NAME | | | | | |
| STREET ADDRESS 146 | DSON, RHONDA 14 WINDORAH WAY, APT. F IST PALM BEACH FL | Chill 2 | 1.3 | 3 STREET A | IDDRESS | | | | |
| CITY-ST-ZIP WE | ST PALM BEACH FL | 33463 | 1.4 | 4 CITY - ST | - ZIP | | | 78 | |
| 111125 | | DELETE | 21 | 1 TITLE | | | Ŀ | Change | Addition |
| | MALLEY, BARBARA | | 2.2 | 2 NAME | | | | | |
| | ROMAL PLAM BCH BLVD | | 23 | | | | | | |
| יחסו ו | YAL PALM BEACH FL 🛛 🤌 | | | 3 STREET A | ADDRESS | | | | |
| UIT - ST ZII | | 33411 | 2 | 4 CITY - ST | | | <u>_</u> | 7.Che | - Addition |
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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and odes not qualify for the exhibition stated in section 1 of 100 keV, in order that the information indicated on this finnual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out; 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 intall change with an address.

SIGNATURE

PIGNATURE AND TYPED ON PHANTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 407 793 0657

CR2E037 (12/9