FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

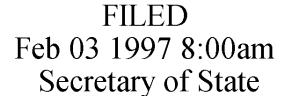
1997

DOCUMENT # 7

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(3)

FIRST BAPTIST CHURCH OF LOXAHATCHEE, FLORIDA, IN





Principal Plac	e of Business	Mailing Address						- 1 106101 10001 11001 10144 81410 18511 8101 81611 01851 01811 01811 81611 81611					
517 FOLSOM R LOXAHATCHEE	-···	517 FOLSOM ROAD LOXAHATCHEE FL 33470-4936								i			
									orporated o 16/1970	r Qualified	3a. D	ate of Last F 01/29/19	Report 96
2. Principal P	lace of Business	2a, Mailing Address					4.	FEI Nun	nber 0047000			A	pplied For
21		26						05-0017060 Not Applic					ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					6.	Certifica	ate of Status	Desired			Additional
22		27											equired
City & Stat	e	City & State				6.		Campaign F				May Be	
23	Country	28						·····	ind Contribut		<u> </u>		to Fees
Zip	Country	Žip			ountry		6.		poration has				s. 199.032,
24	25 25 29. Name and Address of Current	29 Banktored A	Cont	30	· r · · · ·	······		Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	g, Hame and Address of Culton	riogiatorou r	· your		81	Name	10.	1101119 8	IIIG AGGIÇES	טו ווטוו ווטן	110100	₩ Main	
LODENT	O DOMEN I VAIN					1101110							
	o, Bonny Lynn Itiago Street		82			Street	et Address (P.O. Box Number is Not Acceptable)						
	PALM BEACH FL 33411				83								
HOTAL	ALM DEACH TE 33411												İ
					84	City					FL	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of in familiar with, and according being a	and 617.1508 f Florida Suc	8, Florida Statut	es, the authoriz	above ed by	named the con	corporatio	n submit	s this statem directors. I h	ent for the pereby accep			ts registered registered
SIGNATURE	Signature, typed in printed name of registered agent	>					required wher			· · · · · · · · · · · · · · · · · · ·	DATE		
12.	OFFICERS AND			13					NS/CHANGE	S TO OFFIC		DIRECTO	RS IN 12
TITLE	TD		☐ DELETE	1.1	TITLE					***************************************		☐ Change	Addition
NAME	HUDSON, RHONDA			1.2	NAME							•	
STREET ADDRESS	436 PERRY AVE		1.3 ST			ADDRESS						ĺ	
CITY-ST-ZIP	WEST PALM BEACH FL					-ST-ZIP							
TITLE	VD		DELETE				!					Change	Addition
NAME	O'MALLEY, BARBARA		. ,		22 NAME					1.11	144		_ [
STREET ADDRESS	861 ROYAL PALM BEACH BLV)				ADDRESS	1						ĺ
CiTY-ST-ZIP	ROYAL PALM BEACH FL				CITY-S								ľ
TITLE	DP	***************************************	DELETE		TITLE		İ					☐ Change	☐ Addition
NAME	LORENZO, ALBERT				NAME							•	
STREET ADDRESS	107 SANTIAGO STREET					ADDRESS	1						-
CITY-ST-ZIP	ROYAL PALM BEACH FL				City-S								
TITLE	S		DELETE		TITLE		<u> </u>			····		Change	Addition
NAME	LORENZO, BONNY LYNN			1	NAME		1						
STREET ADDRESS	107 SANTIAGO STREET			1		ADDRESS		•					
CITY - ST - ZIP	ROYAL PALM BEACH FL				CITY-S		1						
TITLE	VD	***************************************	DELETE		TITLE	1	 					Change	Addition
NAME	JOHN HULGIN				NAME		·	•					
	2106 SHERWOOD FORES	T #19				ADDRESS							
CITY-ST-ZIP	WPB FL 33415	,			CITY-S								
TITLE	101 D 11 C 334 D		DELETE		TITLE	1-21	 					Change	Addition
NAME					NAME								band . Waltroll
STREET ADDRESS						ADDRESS							
l i													
CITY-ST-ZIP				0.4	CITY - S	1-217	1						

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 appears in Block 17 or Block 13 or page 14.

SIGNATURE:

URE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/23/97

Daytime Phone # 0044406