FILE NOW: FILING FEE IS \$61.25

NONPROFIT 'CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

FT LAUDERDALE FL 33334

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

2. Principal Place of Business

729077

(8)

Suite, Apt. #, etc.

City & State

Roseman Brittain

NORTHEAST BAPTIST CHURCH, INCORPORATED, OF FORTL AUDERDALE, FLORIDA

Principal Place of Business Mailing Address 5590 N.E. 6 AVE 5590 N.E. 6 AVE

5590 N.E. 6 AVE FT LAUDERDALE FL 33334	3. Date Incorporated or Qualified 03/11/1974 4. FEI Number 65-0537336
2a. Mailing Address	5. Certificate of Status Desired

FILED May 27 1998 8:00am Secretary of State



Yes No

7. Is this nonprofit corporation a homeowners association?

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

6. Election Campaign Financing

Trust Fund Contribution

Zip	Į.	Country	Zip '	Cou	ıntry	8. This c	orporation owes or has	s paid the cu	rrent year Intr	angible	
24		25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
OHADI FO OOLUMO			81 Name OSEMARY BRITTY IN 82 Street Address (P.O. Box Number is Not Acceptable)								
POMPAN	IO BEACH	FL 33062			11154) NINTH AUE						
					94 City						
					Oily	FT. LAU	DERDAU	= FL	. " '3';	33/5	
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 900000 Y J. Bluttaux Separature typed or printed name or registered agent and tille it applicable (NOTE: Registered Age						ignature required when reinstating) May 30, /998					
12.	,,,pad	OFFICERS AND D		13.	<u> </u>	*	ONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 12	ò
TITLE	PD	**************************************	DELETE	1.1 11	TLE	PD	Desember		Change	Addition	100
NAME	COLLINS	CHARLES		1.2 N	AME	BRITTAIN	Rosemary VINTH AVE				12
STREET ADDRESS	410 SW	18 CT		1.3 \$	TREET ADDRESS	711 SW.	UINTH AVE				١٤
CITY-ST-2IP	POMPAN	IO BCH FL		140	ITY-ST-ZIP	FT. LAUDE	ROALE, FL 3	3315			ß
TITLE	S D		DELETE	2.1 T	TLE				Change	Addition	10
NAME	HUTCHIN	NSON, JOE RAM		22 N	AME						
STREET ADDRESS	650 NE	57TH CT		2.3 \$	REET ADDRESS	ĺ					1
CITY-ST-2IP	FT LAUD	ERDALE FL		2.40	ITY-ST-ZIP	i					
TITLE	D		DE LETE	3.1 1	TLE	1			Change	Addition	1
NAME	BREDING	B, WILLIAM		3.2 N	ame						
STREET ADDRESS	331 NW	51T COURT		3.3 S	FREET ADDRESS	[
CITY-ST-ZIP	FT. LAU	DERDALE FL		3.4.0	ITY-ST-ZIP						
TITLE	TV		DELETE	4.1 Ti	TLE	MARION	GIASSFORD	TV	Change	Addition	
NAME	PERRY, I	BERNICE		4.21	IAME						
STREET ADDRESS	4720 N I	E 6TH AVE		4.3 S	TREET ADDRESS	5464	NE 4th AVE		. 4		ļ
CITY-ST-ZIP	FT LAUD	erdale fl		4.4 C	TY-ST-ZIP	FT. LA	UD	3333			1
TITLE			DELETE	5.1 []	TLE				Change	Addition	1
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	REET ADDRESS	İ					
CITY-ST-ZIP				5.4 C	TY-ST-ZIP	<u></u>					1
TITLE			☐ DELETE	6.1 Ti	TLE				Change	Addition	
NAME				6.2 N	AME	1					
STREET ADDRESS				6.3 S	TREET ADDRESS	1					ĺ
CITY-ST-ZIP					TY-ST-ZIP						1
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.											
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