

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757517 (8)

1. Corporation Name
FLORIDA BIBLE CHURCH, INC.

Principal Place of Business 9300 PEMBROKE ROAD MIRAMAR FL 33025-9699	Mailing Address 9300 PEMBROKE ROAD MIRAMAR FL 33025-8699
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3. Date Incorporated or Qualified
04/13/1981

4. FEI Number
59-2123852

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Zip	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

GIBBS, DAVID C III
5666 SEMINOLE BOULEVARD, SUITE TWO
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 David Gibbs III
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARDONNE, ROBERT	
STREET ADDRESS	1538 ISLAND WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, ROBERT L	
STREET ADDRESS	5985 SW 33RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMBLIN, ROBERT	
STREET ADDRESS	12393 SW 5TH COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOM-AJAN, VICENTE	
STREET ADDRESS	8470 NW 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUUD, CLIFFORD	
STREET ADDRESS	2048 NW 193RD AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, RICHARD	
STREET ADDRESS	7940 CORAL BLVD	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOKAR, Peter	
1.3 STREET ADDRESS	1923 NW 171 AVE	
1.4 CITY-ST-ZIP	PEMBROKE PINES - 33028	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HILL BILLY G	
2.3 STREET ADDRESS	2010 NW 86 AVE	
2.4 CITY-ST-ZIP	Pembroke Pines 33024	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOPORTE FRANK	
3.3 STREET ADDRESS	20125 NW 62 CT.	
3.4 CITY-ST-ZIP	MIAMI, 33015	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAMS, SAM	
4.3 STREET ADDRESS	4734 NW 192 ST.	
4.4 CITY-ST-ZIP	MIAMI 33055	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PESCE KEITH	
5.3 STREET ADDRESS	6302 SW 32 ST.	
5.4 CITY-ST-ZIP	Miramar 33023	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CLARK, PETE	
6.3 STREET ADDRESS	878 SW 173 AVE	
6.4 CITY-ST-ZIP	Pembroke Pines 33029	

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] **REQUIRED**

CR2E037 (10/97)