

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 02 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 # 770923 (1)
1. Corporation Name
COMMUNITY BIBLE CHURCH, INC., OF AVON PARK



Principal Place of Business 1400 C.R. 17A NORTH LOT 57 C.O RUTH BORTOLOMEO AVON PARK FL 33825	Mailing Address 1400 C.R. 17A NORTH LOT 57 C.O RUTH BORTOLOMEO AVON PARK FL 33825
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3. Date Incorporated or Qualified
10/25/1983

4. FEI Number 59-2546682	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business Sulte, Apt. #, etc.	22. Mailing Address Sulte, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip 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

**BARTOLOMEO, RUTH
1400 C.R. 17A NORTH
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANN, AMOS	
STREET ADDRESS	1100 LANGLEY CT.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHANKEWILER	
STREET ADDRESS	1400 CR 17A NORTH, LOT 80	
CITY-ST-ZIP	AVON PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARTOLOMEO, RUTH	
STREET ADDRESS	1400 C.R. 17A N LOT 57	
CITY-ST-ZIP	AVON PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARTOLOMEO, MARCO	
STREET ADDRESS	1400 C.R. 17A N LOT 57	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 *Ruth Bartolomeo* _____ *Huloo*

CR2E037 (10/97)