


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90094 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 770923

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
--	--



2. Principal Place of Business 21 1400 C.R. 17A North Suite, Apt. #, etc. 22 Lot #80 City & State 23 Avon Park, FL Zip 24 33825	2a. Mailing Address 26 1400 C.R. 17A North Suite, Apt. #, etc. 27 Lot #80 City & State 28 Avon Park, FL Zip 29 33825	3. Date Incorporated or Qualified 10/25/1983	4. FEI Number 59-2546682	Applied For Not Applicable
25 USA	30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 Jean Alexander 82 Street Address (P.O. Box Number is Not Acceptable) 1102 N. Peniel Ave. 83 84 City Avon Park FL 85 Zip Code 33825
--	---

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 Jean Alexander DATE 3/11/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANN, AMOS 1100 LANGLEY CT. COLUMBIA SC <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHANKEWILER, Thomas 1400 CR 17A NORTH, LOT 80 AVON PARK FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTOLOMEO, RUTH 1400 C.R. 17A N LOT 57 AVON PARK FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTOLOMEO, MARCO 1400 C.R. 17A N LOT 57 AVON PARK FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: [Signature] DATE 3-11-99 DAYTIME PHONE # 941-453-6052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)