

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03214** (6)

1. Corporation Name
PINEWOOD BIBLE CHAPEL, INC.



Principal Place of Business 10553 GREEN TRAIL DRIVE SOUTH C/O WILLIAM F. CROUSE BOYNTON BEACH FL 33436	Mailing Address 10553 GREEN TRAIL DRIVE SOUTH C/O WILLIAM F. CROUSE BOYNTON BEACH FL 33436
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3. Date Incorporated or Qualified **05/22/1984** 3a. Date of Last Report **05/19/1995**

2. Principal Place of Business 21 112 N OAK STREET Suite, Apt. #, etc. 22 City & State 23 LANTANA, FL Zip 24 33462	2a. Mailing Address 26 112 N OAK STREET Suite, Apt. #, etc. 27 City & State 28 LANTANA, FL Zip 29 33462	4. FEI Number NOT APPLICABLE Applied For Not Applicable
Country 25 PALM BEACH	Country 30 PALM BEACH	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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CROUSE, WILLIAM F.
10553 GREEN TRAIL DRIVE SOUTH
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent
81 Name **LOUIS A. ZOTTO**
82 Street Address (P.O. Box Number is Not Acceptable) **10684 GREENTRAIL DR. S**
83
84 City **BOYNTON BEACH, FL** 85 Zip Code **33436**

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 **LOUIS A. ZOTTO** *Louis A. Zotto* DATE **2/27/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEVINE, JAMES	
STREET ADDRESS	5690 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOVELL, TOM	
STREET ADDRESS	6125 PINE DR	
CITY-ST-ZIP	LANTANA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZOTTO, LOUIS	
STREET ADDRESS	10606 CYPRESS BEND DR	
CITY-ST-ZIP	BOCA RATON 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 '92

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEVINE, JAMES	
1.3 STREET ADDRESS	5690 DEWBERRY WAY	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOUIS A. ZOTTO	
3.3 STREET ADDRESS	10684 GREENTRAIL DR. S.	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
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	900001736629	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/08/96--01013--015	
5.3 STREET ADDRESS	***61.25	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James R. Devine* DATE: **2/29/96** DAYTIME PHONE #: **407-683-8615**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

3/17/96