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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N03214 (6)
1. Corporation Name
PINWOOD BIBLE CHAPEL, INC.



Principal Place of Business: 112 N. OAK STREET LANTANA FL 33462
Mailing Address: 112 N. OAK STREET LANTANA FL 33462-3204

3. Date Incorporated or Qualified: 05/22/1984
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ZOTTO, LOUIS A
10684 GREENTRAIL DR. S.
BOYNTON BEACH FL 33436

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

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | PDS <input checked="" type="checkbox"/> DELETE |
| NAME | DEVINE, JAMES |
| STREET ADDRESS | 5690 DEWBERRY WAY |
| CITY - ST - ZIP | WEST PALM BCH FL |
| TITLE | VD <input checked="" 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 A |
| STREET ADDRESS | 10684 GREENTRAIL DR. S. |
| CITY - ST - ZIP | BOYNTON BEACH FL 33436 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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 | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JOHN TARDONIA |
| 1.3 STREET ADDRESS | 7309 CANAL DRIVE |
| 1.4 CITY - ST - ZIP | LAKE WORTH, FL 33467 |
| 2.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | MICHAEL BINGHAM |
| 2.3 STREET ADDRESS | 8200 PINE TREE LANE |
| 2.4 CITY - ST - ZIP | WEST PALM BEACH, FL 33401 |
| 3.1 TITLE | TSD <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 | <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 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Louis A. Zotto* 4/3/97 561-586-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043735

CRE037 (9/96)