


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90149 047 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16875**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF DELRAY BEACH, FLORIDA**

Principal Place of Business 16333 SO. MILITARY TRAIL DELRAY BEACH FL 33484-6628	Mailing Address 16333 SO. MILITARY TRAIL DELRAY BEACH FL 33484-6628
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/19/1986	4. FEI Number 59-0760201 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>ZYLIS, JOHN 1388 AUBURN COURT LANTANA FL 33462</b>	10. Name and Address of New Registered Agent 81 Name <b>Charles Leech</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12635 Barwick Road</b> 83 84 City <b>Boynton Beach</b> FL 85 Zip Code <b>33436</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1806, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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: *Charles Leech* (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ECKEL, MARK 640 NW 10 AVE BOYNTON BCH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD Leech, Charles 12635 Barwick Road Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDOUGALD, JEFF 6094 LINTON BLVD DELRAY BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Murphy, Jeff 17576 Weeping Willow Trail Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GWYNN, CHARLES B 615 LAKE DR DELRAY BCH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Tirpak, Doug 5302 Van Buren Road DeLray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGNATO, JAMES V. 25C STRATFORD DR BOYNTON BCH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Van Deventer, William 1350 Sabal Lakes Road DeLray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLEY, DAVID G. 4083 BRANDON DR DELRAY BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Springer, Tom 4681 Brandywine Drive Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOE 6850 NW 2 AVE #6 BOCA RATON FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Masullo, Nicholas 10752 Maple Chase Drive Boca Raton, FL 33498

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 as an attachment with an address, with all prior like amendments.

SIGNATURE: *Charles Leech* 1/6/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)