

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 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 # **N30113** (7)

1. Corporation Name

CORAL BAPTIST CHURCH, INC.



Principal Place of Business C/O HERSCHEL CREASMAN 201 N. UNIVERSITY DR. CORAL SPRINGS FL 33071-7323	Mailing Address C/O HERSCHEL CREASMAN 201 N. UNIVERSITY DR. CORAL SPRINGS FL 33071-7323
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3. Date Incorporated or Qualified 01/10/1989	
4. FEI Number 59-2441363	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 c/o Addison Marrow Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 c/o Addison Marrow Suite, Apt. #, etc. 27 City & State 28 Zip 29
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HERSCHEL CREASMAN 201 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33075-9788

10. Name and Address of New Registered Agent 81 Name Marrow, Addison 82 Street Address (P.O. Box Number is Not Acceptable) 201 N. University Drive 83 84 City Coral Springs FL 85 Zip Code 33071
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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 **Addison Marrow, Assoc. Pastor** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREASMAN, HERSCHEL	1.2 NAME
STREET ADDRESS	201 N. UNIVERSITY DR.	1.3 STREET ADDRESS
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPKIN, J. THOMAS	2.2 NAME
STREET ADDRESS	2800 N.W. 112TH AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	CORAL SPGS. FL	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOINES, ERNESTINE	3.2 NAME
STREET ADDRESS	3575 BROKEN WOODS DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRON, LEWIS	4.2 NAME
STREET ADDRESS	2968 NW 103RD LANE	4.3 STREET ADDRESS
CITY-ST-ZIP	CORAL SPGS. FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIRE, BEN	5.2 NAME
STREET ADDRESS	8342 NW 14 COURT	5.3 STREET ADDRESS
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEISHER, WAYNE	6.2 NAME
STREET ADDRESS	1700 RIVERWOOD LANE	6.3 STREET ADDRESS
CITY-ST-ZIP	CORAL SPRINGS FL	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 other attachments with an address.

SIGNATURE: **X** **4/26/98 755-7767**

CR2E037 (10/97)