

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30113

1. Corporation Name

CORAL BAPTIST CHURCH, INC.

Principal Place of Business

C/O ADDISON MARROW
201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33071-7323

Mailing Address

C/O ADDISON MARROW
201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33071-7323

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90300 013 ****61.25



2. Principal Place of Business

21 c/o Tom Albright

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 c/o Tom Albright

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/10/1989

4. FEI Number

59-2441363

Applied For

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

9. Name and Address of Current Registered Agent

MARROW, ADDISON
201 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33075-9788

10. Name and Address of New Registered Agent

81 Name

Tom Albright

82 Street Address (P.O. Box Number is Not Acceptable)

201 N. University Drive

83

84 City

Coral Springs

FL

85 Zip Code

33071

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Tom Albright, Administrator**

4/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **PIPKIN, J. THOMAS**
STREET ADDRESS **2600 N.W. 112TH AVENUE**
CITY-ST-ZIP **CORAL SPGS. FL**

TITLE **S** ☐ DELETE

NAME **JOINES, ERNESTINE**
STREET ADDRESS **3575 BROKEN WOODS DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **HERRON, LEWIS**
STREET ADDRESS **2968 NW 103RD LANE**
CITY-ST-ZIP **CORAL SPGS. FL**

TITLE **D** ☒ DELETE

NAME **HAIRE, BEN**
STREET ADDRESS **6342 NW 14 COURT**
CITY-ST-ZIP **MARGATE FL**

TITLE **D** ☐ DELETE

NAME **LEISHER, WAYNE**
STREET ADDRESS **1700 RIVERWOOD LANE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **David Hughes**
1.3 STREET ADDRESS **5641 Atlanta**
1.4 CITY-ST-ZIP **Hollywood, Fl. 33021**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **David Hughes, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

954-755-7767

Date

Daytime Phone #

CR2E037-11/98