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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
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2. Principal Place of Business 21 c/o Tom Albright Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 c/o Tom Albright Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/10/1989	4. FEI Number 59-2441363 Applied For Not Applicable	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
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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
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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, 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 *Tom Albright* DATE: 4/14/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V NAME PIPKIN, J. THOMAS STREET ADDRESS 2600 N.W. 112TH AVENUE CITY-ST-ZIP CORAL SPGS. FL	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME David Hughes 1.3 STREET ADDRESS 5641 Atlanta 1.4 CITY-ST-ZIP Hollywood, Fl. 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME JOINES, ERNESTINE STREET ADDRESS 3575 BROKEN WOODS DRIVE CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HERRON, LEWIS STREET ADDRESS 2968 NW 103RD LANE CITY-ST-ZIP CORAL SPGS. FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HAIRE, BEN STREET ADDRESS 6342 NW 14 COURT CITY-ST-ZIP MARGATE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEISHER, WAYNE STREET ADDRESS 1700 RIVERWOOD LANE CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *David Hughes* DATE: 4/14/99 954-755-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)