

FILED
May 03, 2000 8:00 am
Secretary of State

01-22-2000 90029 015 ****61.25

DOCUMENT # N30113

1. Entity Name,

CORAL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2441363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBRIGHT, TOM
201 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33075-9788

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

Tom Albright, Administration

1/17/00

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	PIPKIN, J. THOMAS	
STREET ADDRESS	2600 N.W. 112TH AVENUE	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOINES, ERNESTINE	
STREET ADDRESS	3575 BROKEN WOODS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRON, LEWIS	
STREET ADDRESS	2968 NW 103RD LANE	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAIRE, BEN	
STREET ADDRESS	6342 NW 14 COURT	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEISHER, WAYNE	
STREET ADDRESS	1700 RIVERWOOD LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, DAVID	
STREET ADDRESS	5641 ATLANTA	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dye, Jim	
STREET ADDRESS	3000 NW 107th Ave.	
CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

1/13/00 954-755-7767
 Date Daytime Phone #

CR2E037 (9/99)