NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90045 049 ****70.00

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DOCUMENT #	N47400			

1. Corporation Name

REPEAN BIRLE COMMUNITY CHURCH INC

DENEAN	BIDLE COMMUNICIALLY OFF	THO THO	ŕ					_
Principal Plac	e of Business	Mailing Address						
740 LITHIA-PIN BRANDON FL US		740 LITHIA-PINECREST RD BRANDON FL 33511 US		. ~				
					·			· -
— '	Place of Business	2a. Mailing Address			 Date Incorporated or Qualified 02/17/1992 			
21	#	Suite, Apt. #, etc.			4. FEI Number		Anr	olied For
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			59-3178230			Applicable
City & Sta	te	City & State				_/	\$8.75 A	
23		28			5. Certificate of Status Desired	V	Fee Re	quired
Zip	Country	Zip	Country	у	6. Election Campaign Financing		\$5.00 May Be	
24		29 30)		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New i	Registered A	Agent	
JEAN, MA -3906 W. I -TAMPA F I	OUISIANA AVENUE"		82 83	300 VA1	Address (P.O. Box Number is Not Accepted 23 Star Mount (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	able)	85 Zip C	
			84	,	•	FL		
office or r	registered agent or both in the Sta	502 and 617.1508, Florida Statutes, te of Florida. Such change was auth gations of, Section 617.0503, Florida	orized by	the come	corporation submits this statement for the oration's board of directors. I hereby accept	ot the appoin	tment as reg	registered jistered
SIGNATURE					required when reinstating)	DATE		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	an arginación (ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD	-		Change	Addition
NAME	JEAN. MICHAEL A SR		1.2 NAME	• -	JEAN, MICHAEL A. SP. 3003 SHARMOUNT D	2		•
STREET ADDRESS	2000 14() (0) 11(1) 11() 11(1.3 STREE	T ADDRESS	3003 SHARMOUNT DI	2.		
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY-8	ST-ZIP	VAIRICO, Fl. 33594	· ·		
TITLE	D	☐ DELETE	2.1 TITLE	-			Change	☐ Addition
NAME	MCFADDEN, GREGEORY		2.2 NAME					
STREET ADDRESS	4308 ELLENVILLE PL		2.3 STREE	TADDRESS				
CITY-ST-ZIP	VALRICO FL-93954		2. 4 CITY-		3359	7		□ A 349*···
TITLE	D	☐ DELETE	3.1 TITLE				Change	☐ Addition

HINTON, RUFUS 3.2 NAME NAME STREET ADDRESS 914 WICKETRON DRIVE 3.3 STREET ADDRESS BRANDON FL 33510 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: