

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90018 016 \*\*\*\*61.25

|                                                 |                                                                                   |                                                                                                                               |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N97000001704**

1. Corporation Name

PALM VIEW BIBLE CHURCH, INC.

Principal Place of Business

512 61 STREET EAST  
PALMETTO FL 34221

Mailing Address

512 61 STREET EAST  
PALMETTO FL 34221

|                                |  |                        |  |                                                                                 |  |
|--------------------------------|--|------------------------|--|---------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                               |  |
| 21 Suits, Apt. #, etc.         |  | 26 Suits, Apt. #, etc. |  | 03/24/1997                                                                      |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number                                                                   |  |
| 23 Zip                         |  | 28 Zip                 |  | 65-0113332                                                                      |  |
| 24 Country                     |  | 29 Country             |  | 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                                                     |  |

9. Name and Address of Current Registered Agent

GUSTAFSSON, JAN  
1811 49 AVE DR E  
BRADENTON FL 34203

10. Name and Address of New Registered Agent

|                                                       |                                  |
|-------------------------------------------------------|----------------------------------|
| 61 Name                                               | John Kunzle                      |
| 62 Street Address (P.O. Box Number is Not Acceptable) | 6710 Ellenton Gillette Road # 10 |
| 63 Palmetto                                           |                                  |
| 64 City Florida                                       | FL                               |
| 65 Zip Code                                           | 34221                            |

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



John Kunzle PD

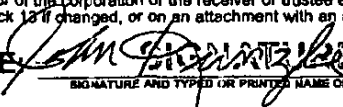
4/1/99

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |
|----------------------------|-------------------------------|-------------------------------------------------------|---------------------------------|
| TITLE                      | PD                            | 1.1 TITLE                                             | PD                              |
| NAME                       | GUSTAFSSON, JAN               | 1.2 NAME                                              | Kunzle, John                    |
| STREET ADDRESS             | 1811 49 AVE DR E              | 1.3 STREET ADDRESS                                    | 6710 Ellenton Gillette Road #10 |
| CITY-ST-ZIP                | BRADENTON FL 34203            | 1.4 CITY-ST-ZIP                                       | Palmetto, FL 34221              |
| TITLE                      | VD                            | 2.1 TITLE                                             | VD                              |
| NAME                       | KUNZLE JOHN                   | 2.2 NAME                                              | Skidmore, Joe                   |
| STREET ADDRESS             | 6710 ELLENTON GILLETTE RD #10 | 2.3 STREET ADDRESS                                    | 1518-49th Street East           |
| CITY-ST-ZIP                | PALMETTO FL 34221             | 2.4 CITY-ST-ZIP                                       | Palmetto, FL 34221              |
| TITLE                      | STD                           | 3.1 TITLE                                             |                                 |
| NAME                       | FINCH WILLIAM                 | 3.2 NAME                                              |                                 |
| STREET ADDRESS             | 1733 48TH AVE E               | 3.3 STREET ADDRESS                                    |                                 |
| CITY-ST-ZIP                | BRADENTON FL 34203            | 3.4 CITY-ST-ZIP                                       |                                 |
| TITLE                      | D                             | 4.1 TITLE                                             |                                 |
| NAME                       | HUME RICK                     | 4.2 NAME                                              |                                 |
| STREET ADDRESS             | 2706 6TH ST E                 | 4.3 STREET ADDRESS                                    |                                 |
| CITY-ST-ZIP                | BRADENTON FL 34208            | 4.4 CITY-ST-ZIP                                       |                                 |
| TITLE                      |                               | 5.1 TITLE                                             |                                 |
| NAME                       |                               | 5.2 NAME                                              |                                 |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |                                 |
| CITY-ST-ZIP                |                               | 5.4 CITY-ST-ZIP                                       |                                 |
| TITLE                      |                               | 6.1 TITLE                                             |                                 |
| NAME                       |                               | 6.2 NAME                                              |                                 |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |                                 |
| CITY-ST-ZIP                |                               | 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**  **REQUIRED** John Kunzle 4/1/99 941-729-1302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(37 (11/98)