04081999-90018-016-$61.25-$61.25

**FILED**
**Apr 08, 1999 8:00 am**
**Secretary of State**
04-08-1999 90018 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

# DOCUMENT # N97000001704

1. Corporation Name

**PALM VIEW BIBLE CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 512 61 STREET EAST<br>PALMETTO FL 34221 | 512 61 STREET EAST<br>PALMETTO FL 34221 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

3. Date Incorporated or Qualified: 03/24/1997

4. FEI Number: 65-0113332 ☐ 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

GUSTAFSSON, JAN
1811 49 AVE DR E
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name: John Kunzle
82 Street Address (P.O. Box Number is Not Acceptable): 6710 Ellenton Gillette Road # 10
83 Palmetto
84 City: Florida FL 85 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| 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 | ☒ DELETE | 2.1 TITLE | VD | ☐ Change ☒ Addition |
| 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 | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FINCH WILLIAM | | 3.2 NAME | | |
| STREET ADDRESS | 1733 49TH AVE E | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34203 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| 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 | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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: John Kunzle REQUIRED — John Kunzle — 4/1/99 — 941-729-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #