


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 705892 (8) 1. Corporation Name GULF STREAM BAPTIST ASSOCIATION, INC.					
Principal Place of Business 20 N.W. 46TH AVE. FT. LAUDERDALE FL 33317			Mailing Address 20 N.W. 46TH AVE. FT. LAUDERDALE FL 33317		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 07/12/1963 4. FEI Number 59-0862883 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent HINDS WILLIAM L. REV. 20 N.W. 46TH AVE. PLANTATION FL 33317			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	PONCE, VICTOR				
STREET ADDRESS	1403 NE 2ND STREET				
CITY-ST-ZIP	POMPAHO BEACH FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	TETLEY, MARK				
STREET ADDRESS	1101 N.E. 33 ST				
CITY-ST-ZIP	POMPAHO BEACH FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	BARBER, ELROY				
STREET ADDRESS	1237 S 28TH AVE				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	AT	<input checked="" type="checkbox"/> DELETE			
NAME	HYLTON, WANDA				
STREET ADDRESS	20TH N W 46TH AVE				
CITY-ST-ZIP	PLANTATION FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MENSINGER, RON				
STREET ADDRESS	1501 RIVERLAND ROAD				
CITY-ST-ZIP	FORT LAUDERDALE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Allen, Dan				
3.3 STREET ADDRESS	701 NE 2 Street				
3.4 CITY-ST-ZIP	Deerfield Beach, FL				
4.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Humes, Loretta D.				
4.3 STREET ADDRESS	20 NW 46 Avenue				
4.4 CITY-ST-ZIP	Plantation, FL				
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	Mensinger, Ron				
5.3 STREET ADDRESS	201 SW 63 Avenue				
5.4 CITY-ST-ZIP	Plantation, FL				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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.					
SIGNATURE: William L. Hinds SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-15-1998 Daytime Phone # 754-583-0338					

CR2E037 (10/97)