NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 6:02

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DOCUMENT # N97000003066 (4)

1. Corporation Name
PENIEL EVANGELICAL ALLIANCE CHURCH OF DELRAY BEA CH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 548 CORTEZ LANE<br>DELRAY BEACH FL 33445 | 548 CORTEZ LANE<br>DELRAY BEACH FL 33445 |

3. Date Incorporated or Qualified: 05/27/1997
4. FEI Number: XXX 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip / 25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BUSBY, ALBERTO F REV.
706 SW 23 AVENUE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

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: Rev. Alberto F. Busby — 10-11-'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, DELETIONS AND CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ELIMEUS, MODESTIN<br>2920 LAKE IDA RD.<br>DELRAY BEACH FL 33445 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Pastor Director<br>Estagne Cineus<br>548 S.E. Cortez Lane<br>Delray Bch. Fl. 33445<br>XXX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ESTAGE, CINCUS<br>548 SE CORTEZ LN.<br>[redacted] BEACH FL 33445 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [redacted] PIERRE, INSEULDIEU<br>300 SE 2ND ST.<br>DELRAY BEACH FL 3344 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | [redacted] 10/21/99-81511 ☐ Change ☐ Addition<br>****297.50 ****297.50 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MIRTYL, PHILISMA<br>712 SE 4TH ST.<br>DELARY BEACH FL 33312 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TIMA, DESIMABLE<br>1100 SW 4TH AVE. #104<br>DELRAY BEACH FL 33483 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 10/15 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHERI, PROSPERE<br>4896 6TH COURT RAINBERRY ROAD<br>DELRAY BEACH FL 33445 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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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: Estagne Cineus — 7/16/1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

561 279 9253