

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90198 038 \*\*\*\*61.25

**DOCUMENT # 700140**

1. Corporation Name

**GLENDAL BAPTIST CHURCH, INC.**

Principal Place of Business

**790 27TH AVENUE  
VERO BEACH FL 32968**

Mailing Address

**790 27TH AVENUE  
VERO BEACH FL 32968**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**11/13/1959**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-1523077**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

**\$5.00** May Be

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, RICHARD L.  
4903 PALEO PINES CIR.  
FT. PIERCE FL 34951**

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

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  
NAME **MARTIN, THOMAS**  
STREET ADDRESS **2885 1ST LN.**  
CITY-ST-ZIP **VERO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **KING, TOMMY W**  
STREET ADDRESS **162 HARRIS DR.**  
CITY-ST-ZIP **SEBASTIAN FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **GROMEN, JOHN**  
STREET ADDRESS **14434 AZUCENA CT.**  
CITY-ST-ZIP **FT. PIERCE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **ATD** ☐ DELETE  
NAME **LARSEN, PAT**  
STREET ADDRESS **826 10TH AVE.**  
CITY-ST-ZIP **VERO BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **MOORE, MELANIE**  
STREET ADDRESS **950 32ND AVE. SW**  
CITY-ST-ZIP **VERO BEACH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

561-567-4361

Daytime Phone #

CR2E037 (11/98)