


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701770 (0)					
1. Corporation Name BETHANY CHRISTIAN CHURCH OF WEST PALM BEACH, INC					
Principal Place of Business 3331 RCA BLVD. SUITE 3117 PALM BEACH GARDENS FL 33410			Mailing Address P.O. BOX 17068 W. PALM BEACH FL 33416-7068		
2. Principal Place of Business 21 3915 N Haverhill Suite, Apt. #, etc. 22 # 115 City & State 23 West Palm Beach, FL Zip 24 33417 Country 25 USA		2a. Mailing Address 26 3915 N Haverhill Suite, Apt. #, etc. 27 # 115 City & State 28 West Palm Beach, FL Zip 29 33417 Country 30 USA		3. Date Incorporated or Qualified 06/23/1970 3a. Date of Last Report 10/14/1996 4. FEI Number 59-2402490 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOLSAPPLE, H D 170 HENNING DR W PALM BCH FL 33406			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 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 PCD NAME HOLSAPPLE, H. DUANE STREET ADDRESS 170 HENNING DRIVE CITY-ST-ZIP WEST PALM BEACH FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D NAME BYRD, BILL STREET ADDRESS 1946 STAMFORD CIR CITY-ST-ZIP W PALM BCH FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SD NAME HOLSAPPLE, IVAN STREET ADDRESS 1169 VICTORIA DR CITY-ST-ZIP W PALM BEACH FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE DV NAME COBURN, RICHARD STREET ADDRESS 908 EVERGREEN DR CITY-ST-ZIP NO PALM BCH FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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: Duane H. Holsapple SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR					



CR2E037 (9/96)

4/27/97

(561) 845-2446
Daytime Phone # 0041401