FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Moritiam .

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

701770

(0)

BETHANY CHRISTIAN CHURCH OF WEST PALM BEACH, INC

FILED Feb 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | |
|---|-----------------------------------|--|----------------------|--|---------------------------------------|
| 3915 N. MVAERHILL HEAVER HELL | | 3915 N HA ver Hill (-laueroitie) \$115 | | 3. Date Incorporated or Qualified | |
| #115 | | | | 06/23/1970 | |
| WEST PALM BE | ACH FL 33417 | WEST PALM BEACH FL 33411 US | , | 4. FEI Number | Applied For |
| US | | 03 | | 59-2402490 | Not Applicable |
| 2. Principal Place of Business 21 3915 N H AVCA H. LL | | 2a. Mailing Address 28 3916 N Haveshill | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Election Campaign Financing | \$5.00 May Be |
| 22 | | 27 | | Trust Fund Contribution | Added to Fees |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowners association? | |
| | | 28 | 0 | ☐ Yes ☐ No | |
| Zip | Country | Zip | Country | This corporation owes or has paid the c Personal Property Tax due June 30. | urrent year Intangible |
| 24 | 25 S. Name and Address of Current | Pagistered Agent | <u> </u> | 10. Name and Address of New Registered | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | |
| 11A1 A1 BA1 & 11 A | | | | | |
| HOLSAPPLE, H D | | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptable) | |
| 170 HENNING DR | | | 83 | | · · · · · · · · · · · · · · · · · · · |
| W PALM BCH FL 33406 | | | | | |
| | | | 84 City | F | 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 | | | | | |
| 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. | | | | | |
| J/N NUXL0 | | | | | |
| SIGNATURE Signature, typed or printed name of registered and little if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | PCD | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOLSAPPLE, H. DUANE | | 1.2 NAME | | |
| STREET ADDRESS | 170 HENNING DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | orr, David | | 2.2 NAME | | |
| STREET ADDRESS | 325 EXECUTIVE CENTER DR., | 313A | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 2. 4 CITY - ST - ZIP | | |
| TITLE | D | DELE te | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HEIN, CHARLES | | 3.2 NAME | | |
| STREET ADDRESS | 16744 WEST EPSON DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOXAHATCHEE FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TATLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | The Trades |
| 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 | | Observe To 1448 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | ! |
| STREET ADDRESS | | | 6.3 STREET ADORESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | in Continue 440 07/2/6). Florida Ptatutos I further | |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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.

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