

SECOND NOTICE: CORPORATION FILED OR REVOKED OR AFTER STATE DEPT. 1
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 OCT 29 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 701944 (1)
 1. Corporation Name
 BELVEDERE BAPTIST CHURCH INC

Principal Place of Business Mailing Address
 301 CHERRY ROAD 301 CHERRY ROAD
 W PALM BEACH FL 33409 W PALM BEACH FL 33409

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
 01/25/1961
 4. FEI Number 59-0910343 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

9. Name and Address of Current Registered Agent
 GRANT, MR. ALVIN
 507 HURON PLACE
 WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
 81 Name KRONER, MR. JOHN
 82 Street Address (P.O. Box Number is Not Acceptable) 2304 SEMINOLE BLVD
 83 WEST PALM BEACH, FL 33409
 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: *John W. Kroner* DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	MUNN, MRS. R	
STREET ADDRESS	123 NORTHAMPTON-F	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	VANDYKE, WILLIAM E.	
STREET ADDRESS	1815 ANTIGUA ROAD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SHORT, KEN	
STREET ADDRESS	8534 LAKE POINT CT.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANT, MR. A	
STREET ADDRESS	507 HURON PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRONER, MR. JOHN	
1.3 STREET ADDRESS	2304 SEMINOLE BLVD.	
1.4 CITY-ST-ZIP	WEST PALM BCH, FL. 33409	
2.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SIGGINS, MR. BRUCE	
2.3 STREET ADDRESS	2030 NORVANDY CIR.	
2.4 CITY-ST-ZIP	WEST PALM BCH, FL. 33409	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BATES, MR. AUSTIN	
3.3 STREET ADDRESS	2931 MELALEUCA DR.	
3.4 CITY-ST-ZIP	WEST PALM BCH, FL. 33409	
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRANT, MR. ALVIN	
4.3 STREET ADDRESS	507 HURON PLACE	
4.4 CITY-ST-ZIP	WEST PALM BCH, FL. 33409	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *****61.25 *****61.25
 10-30-98

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: *John W. Kroner* DIRECTOR 9/30/98 (901) 622-3605
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006962

CR2E037 (5/98)