

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90124 015 ****61.25

0041934

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 701944

1. Corporation Name

BELVEDERE BAPTIST CHURCH INC

Principal Place of Business

301 CHERRY ROAD
W PALM BEACH FL 33409

Mailing Address

301 CHERRY ROAD
W PALM BEACH FL 33409



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

KRONER, MR. JOHN
2304 SEMINOLE BLVD.
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

GASPARD VOLCY

82 Street Address (P.O. Box Number is Not Acceptable)

3473 NOKOMIS AVE.

83

84 City

WEST PALM BCH

FL

85 Zip Code

33409

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: *Gaspard Volcy*

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KRONER, MR. JOHN DELETE
STREET ADDRESS 2304 SEMINOLE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE TS
NAME SIGGINS, MR. BRUCE DELETE
STREET ADDRESS 2030 NORMANDY CIR.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE TR
NAME BATES, MR. AUSTIN DELETE
STREET ADDRESS 2931 MELALEUCA DR.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE TR
NAME GRANT, MR. ALVIN DELETE
STREET ADDRESS 507 HURON PLACE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
1.2 NAME GASPARD VOLCY
1.3 STREET ADDRESS 3473 NOKOMIS AVE
1.4 CITY-ST-ZIP WEST PALM BCH, FL, 33409

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

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

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: X *Gaspard Volcy* GASPARD VOLCY

4/30/99

(561) 683-2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)