FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

(5)

1. Corporation	on Name	•	(-)							
HOLLY	/WOOD BOULEVARD BA	PTIST CHURCH,	INC.							
Principal Place of Business Mailing Address					I 1871H HAN EAUS THAN BIRTH SHIP SISTE AND SISTE					
204 HOLLYWOOD BLVD. S.E. FIX WALTON BEACH FL 32548		204 HOLLYWOOD BLVD S E FT WALTON BCH FL 32548				3. Date Incorporated or Qualified 09/27/1961				
US						4. FEI Number 59-6507326	Applied For Not Applicable			
2. Principal Place of Business		2a. Mailing Address			-	6. Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & State		City & State				7. Is this nonprofit corporation a homeowners association?				
Zip	Country 25	Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
<u></u>	9. Name and Address of Cu	irrent Registered Age	ent	I		10. Name and Address of New Registered	Agent			
			····	81	Name					
PHILIP M. HUMBER 459 RANKIN RD				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
MARY I	ESTHER FL 32569			83						
				84	City	FI				
11. Pursuant office or agent. I	to the provisions of Sections 617 registered agent, or both, in the S am familiar with, and accept the o	.0502 and 617.1508, I State of Florida. Such o bligations of, Section	Florida Statutes, the r change was authorize 617.0503, Florida Sta	above ed by atules	e-named corpora the corpora s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered			
SIGNATURE										
	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Register	ed Ace	urse excitancias fecu	ired when reinstating) DATE				

SIGNATURE							
				required when reinstating)	DATE DISCOSOR NAME OF THE PROPERTY OF THE PROP		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICE			
TITLE	DT	☐ DELETE	1.1 TIYLE	S	☐ Change	Addition	
NAME	HUMBER, PHILIP M		1.2 NAME	JOHNSON, CARL F. 24 LAURIE DRIVE N.E.			
STREET ADDRESS	459 RANKIN RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MARY ESTHER FL	1.00	1.4 CITY - ST - ZIP	FT. WALTON BCH., FL.			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME	HUDSON, GLENIN CLAY		2.2 NAME				
STREET ADDRESS	134 CHICAGO AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT WALTON BEACH FL		2. 4 CITY - ST - ZIP				
TITLE	D	DELETE	3.1 TITLE		Change	Addition	
NAME	STEVENS, CHARLES D		3.2 NAME				
STREET ADDRESS	108 THORNHILL RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT WALTON BCH FL		3.4. CITY-ST-ZIP				
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME	PACE, WILLIE M.		4. 2 NAME				
STREET ADDRESS	703 CRESTWOOD STREET		4.3 STREET ADDRESS	takin file ili t			
CITY - ST - ZIP	MARY ESTHER FL		4.4 CITY-ST-ZIP				
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				
TITLE		DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREET ADDRESS				
	1		4 4 0 TV 07 TVD				

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:

116198

850-243-1021

FILED

Apr 27 1998 8:00am

Secretary of State