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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 702946

1. Corporation Name

HOLLYWOOD BOULEVARD BAPTIST CHURCH, INC.

4 3 9 3 1 8 *
 439318 - 90019 - 31

Principal Place of Business

Mailing Address

204 HOLLYWOOD BLVD. S.E.
 FT. WALTON BEACH FL 32548
 US

204 HOLLYWOOD BLVD S. E.
 FT WALTON BCH FL 32548



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/27/1961

22 City & State

27 City & State

4. FEI Number
 59-6507326

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILIP M. HUMBER
459 RANKIN RD
MARY ESTHER FL 32569

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** DELETE
 NAME **HUMBER, PHILIP M**
 STREET ADDRESS **459 RANKIN RD.**
 CITY-ST-ZIP **MARY ESTHER FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **HUDSON, GLENN CLAY**
 STREET ADDRESS **134 CHICAGO AVE.**
 CITY-ST-ZIP **FT WALTON BEACH FL**

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

TITLE **D** DELETE
 NAME **STEVENS, CHARLES D**
 STREET ADDRESS **108 THORNHILL RD**
 CITY-ST-ZIP **FT WALTON BCH FL**

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

TITLE **P** DELETE
 NAME **PACE, WILLIE M.**
 STREET ADDRESS **703 CRESTWOOD STREET**
 CITY-ST-ZIP **MARY ESTHER FL**

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

TITLE **S** DELETE
 NAME **JOHNSON, CARL F**
 STREET ADDRESS **24 LAURIE DR, NE**
 CITY-ST-ZIP **FT WALTON BCH FL 32548**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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.C(7)(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: *Carl F. Johnson* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 (850)-243-9102
 Date Daytime Phone #

CR2E037 (1/98)