## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 703493

1. Corporation Name

FIRST FREE WILL BAPTIST CHURCH OF DEERFIELD BEAC H, FLORIDA, INC.

Principal Place of Business

307 S.E. 15 ST. DEERFIELD BEACH FL 33441 Mailing Address

1427 S.E. 3RD TERRACE DEERFIELD BEACH FL 33441

## **FILED** Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90100 038 \*\*\*\*61.25



3. Date Incorporated or Qualifed

2. Principal Pl	ace of Business	<u>.                                    </u>		3. Date Incorporated or C 01/23/1962	lualifed				
21								lie d ffee	
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number 59-2351240			·	lied For	
22	27				JJ 200 1240			Applicable	
City & State City & State			- ,	5. Certifcate of Status Desired ☐ \$8.75 Addition: Fee Required					
			Country	untry 6. Election Campaign Financing \$5.00		May Be			
24	25 29 30			Trust Fund Contribution Added to F			Fees		
	9. Name and Address of Current			10. Name and Address o	f New Registere	d Agent			
			81	Name			*		
WALLEN, THOMAS G.				82 Street Address (P.O. Box Number is Not Acceptable)					
284 NW 40 COURT				Street Address (1.0. Dox Hamber is Not Addeptable)					
POMPANO BEACH FL 33064				83					
POMPARO BEACHTE SOUNT									
the state of the s				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. (NOTE: Registered Agent signature required when reinstating)  DATE									
			13.	t algricular radamas	ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	RS IN 12	
TILE			1.1 TITLE	0			. Change	Addition	
NAME	WALLEN, THOMAS G.	_	1.2 NAME	19	RVIL REID	•	1	ţ	
			1.3 STREET	ADDRESS /4	133 N.E. 51			•	
STREET ADDRESS	<del>-</del>			710	POMPANO BEACH	H. 330	64		
CITY-ST-ZIP	T T	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-21	OTTPHIO DEICH	<u> </u>	Change	☐ Addition	
İ	WALLES DAE A		2.2 NAME	1				_	
NAME	WALLEN, THE A		2.3 STREET	ADDDCCC		-		ļ	
STREET ADDRESS				1		_			
CITY-ST-ZIP	TOTAL			T-ZIP	· 45		Change	Addition	
Π₹LE	P PDCT	□ occite	3.1 TITLE 3.2 NAME				; —	_	
NAME	LOVIIZ, DILLI						1	ł	
STREET ADDRESS	THIS DE O SEIN			ADDRESS			r.		
CITY-ST-ZIP				T-ZIP	<del></del>		Change	Addition	
TITLE	v		4.1 TITLE						
NAME	HODERI BONOAN		4. 2 NAME						
STREET ADDRESS	4511 NE 14 AVE.		4.3 STREET				-		
CITY-ST-ZIP				r-ZIP		·-··	Change	Addition	
TITLE	D	DELETE 5.11					, L_I Change	C: Addition	
NAME	JODY MULLINS		5.2 NAME					}	
STREET ADDRESS	1460 N.E. 40 COOM			ADDRESS					
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST	r-ZIP	•		1070	☐ Addition	
TITLE	D	DELETE	6.1 TITLE				Change	☐ Addition	
NAME	FRIEDE MODING		6.2 NAME				1		
STREET ADDRESS	1486 NE 43 COURT		6.3 STREET					[	
CITY-ST-ZIP	POMPANO BCH FL		6.4 CITY-S		option 110 07(3Vi) Florida S				

I nereby 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 Informati 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: