

FILE NOW: FILING FEE IS \$61.25

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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90042 023 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 704000

1. Corporation Name

FIRST BAPTIST CHURCH OF NORTH LAUDERDALE, INC.

545405 - 90042 - 23

Principal Place of Business
 6177 KIMBERLY BLVD
 N LAUDERDALE FL 33068-2801

Mailing Address
 6177 KIMBERLY BLVD
 N LAUDERDALE FL 33068-2801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/07/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-6532448	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent

KORNEFF, BILL
 5457A SW 11ST
 MARGATE FL 33312

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
	FL

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 offices 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNEFF, BILL	1.2 NAME	
STREET ADDRESS	5457A SW 11ST	1.3 STREET ADDRESS	2829 EL Rancho
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Margate FL 33063
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, KIMBERLY	2.2 NAME	
STREET ADDRESS	11650 NW 43 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPEUT, LEO	3.2 NAME	
STREET ADDRESS	6710 SW 18 CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Shoyze	4.2 NAME	
STREET ADDRESS	2160 NW 76 TR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Margate FL 33063	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Bainbridge	5.2 NAME	
STREET ADDRESS	741 SW 49 Terrace	5.3 STREET ADDRESS	
CITY-ST-ZIP	Margate FL 33068	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eel Hill	6.2 NAME	
STREET ADDRESS	1940 Plover Place No. Land FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
 Date

954-761-5354
 Daytime Phone #

CR2E037 (1/98)

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Officers & Directors
Continued, Doc # 704000

7. please add also

~~CEO~~ Director
Floyd Glass

4190 NW 11 Ave

Ft. Land. FL 33309