

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704195 (7)

1. Corporation Name

COMMUNITY BAPTIST CHURCH OF PALM BEACH GARDENS,
INC.

Principal Place of Business

Mailing Address

BEACH GARDENS INC
596 HOLLY DRIVE
PALM BEACH GARDENS FL 33410

BEACH GARDENS INC
596 HOLLY DRIVE
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/31/1962

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0075460

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

SWAN, SHERMAN W.
596 HOLLY DRIVE
PALM BEACH GARDENS FL 33410

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SWAN, LAWRENCE W.
STREET ADDRESS 4015 BELL
CITY-ST-ZIP KANSAS CITY MO ☐ DELETE

TITLE D
NAME SWAN, DOROTHY L.
STREET ADDRESS 596 HOLLY DR
CITY-ST-ZIP PALM BCH GRDNS., FL00000 ☐ DELETE

TITLE PD
NAME SWAN, REV SHERMAN W.
STREET ADDRESS 596 HOLLY DR
CITY-ST-ZIP PALM BCH GRDNS., FL00000 ☐ DELETE

TITLE D
NAME LUCKEY, BETTY W.
STREET ADDRESS 12168 146TH PL. N.
CITY-ST-ZIP PALM BEACH GRDNS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME SWAN, LAWRENCE W.
1.3 STREET ADDRESS 2552 Kenilworth
1.4 CITY-ST-ZIP Cleveland Heights, Ohio 44100

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

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

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME LUCKEY, BETTY W.
4.3 STREET ADDRESS 1080 W. Main Street "Hickory Run" Apt.210
4.4 CITY-ST-ZIP Hendersonville, Tenn. 37075

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sherman W. Swan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 1996

Date

407/622-4993

Daytime Phone #

CR2E037 (3/96)