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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90077 020 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704195

1. Corporation Name

COMMUNITY BAPTIST CHURCH OF PALM BEACH GARDENS, INC.

Principal Place of Business

BEACH GARDENS INC
 596 HOLLY DRIVE
 PALM BEACH GARDENS FL 33410

Mailing Address

BEACH GARDENS INC
 596 HOLLY DRIVE
 PALM BEACH GARDENS FL 33410

119187-90077-20



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/31/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0075460
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, LAWNECE W	1.2 NAME	SWAN, LAWRENCE W
STREET ADDRESS	2552 KENILWORTH	1.3 STREET ADDRESS	126 So. 8th Street
CITY-ST-ZIP	CLEVELAND HEIGHTS OH	1.4 CITY-ST-ZIP	Brooklyn, NY 11211
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, DOROTHY L	2.2 NAME	
STREET ADDRESS	596 HOLLY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS., FL00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, REV SHERMAN W	3.2 NAME	
STREET ADDRESS	596 HOLLY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS., FL00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKEY, BETTY W	4.2 NAME	LUCKEY, BETTY W
STREET ADDRESS	222 GRANDSTAFF CT	4.3 STREET ADDRESS	1903 S.W. 3rd Avenue
CITY-ST-ZIP	OLD HICKORY TN	4.4 CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherman W Swan

Date

Daytime Phone #

561/622-4993

1/26/99

CR2E037 (1/98)