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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 705341 (6)

1. Corporation Name

BIBLETOWN COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
470 NW 4TH AVE BOCA RATON FL 33432 US	PO BOX A BOCA RATON FL 33429-0016 US

3. Date Incorporated or Qualified: 04/30/1963
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21 600 NW 4th Avenue
Suite, Apt. #, etc. 22
City & State 23 Boca Raton, FL
Zip 24 33432 Country 25 Palm Beach

2a. Mailing Address
26 P. O. Box A
Suite, Apt. #, etc. 27
City & State 28 Boca Raton, FL
Zip 29 33429-9000 Country 30 Palm Beach

4. FEI Number: 59-0766965 ☐ 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

9. Name and Address of Current Registered Agent

GILES ART
470 NW 4TH AVE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARBAR, ANTHONY		1.2 NAME		
STREET ADDRESS	470 N W 4TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 0		1.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILES, ART		2.2 NAME		
STREET ADDRESS	470 N W 4TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 0		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OPITZ, ALTON		3.2 NAME		
STREET ADDRESS	470 NW 4TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 0		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, KENT A.		4.2 NAME		
STREET ADDRESS	470 NW 4TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COTTON, WAYNE		5.2 NAME		
STREET ADDRESS	470 NW 4TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE _____ (561) 395-2400