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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **705341**

1. Corporation Name
BIBLETOWN COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
600 NW 4TH AVENUE BOCA RATON FL 33432 US	P O BOX A BOCA RATON FL 33429~~-0016~~ 0016 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 600 NW 4th Avenue	26 P. O. Box A	04/30/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0766965 ☐ Applied For ☐ Not Applicable
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 33432 25 Palm Beach	Zip / Country 29 33429-0016 30 Palm Beach	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILES ART 470 NW 4TH AVE BOCA RATON FL 33432	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 33432		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 33432		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, WILLIAM		3.2 NAME		
STREET ADDRESS	470 NW 4TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	XX Change ☐ Addition
NAME	ANDERSON, KENT A.		4.2 NAME	Cameron, John R	
STREET ADDRESS	470 NW 4TH AVE		4.3 STREET ADDRESS	470 NW 4th Avenue	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton, FL 33432	
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 33432		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		

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 A. W. Giles 4/14/99 (561) 395-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)