

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **706678** (0)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF WEST PALM BEACH, FLORIDA**



Principal Place of Business: **1101 S. FLAGLER DR WEST PALM BEACH FL 33401**  
Mailing Address: **1101 S. FLAGLER DR WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **01/10/1964**  
3a. Date of Last Report: **02/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-0725538</b>	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COOPER, H LAURENCE JR</b> <b>2760 MEADOWLARK LANE</b> <b>WEST PALM BEACH, FLORIDA</b> <b>33405</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>SD</del>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>DUKE, REBECCA</del>	1.2 NAME	PD
STREET ADDRESS	<del>5420 N OCEAN DR</del>	1.3 STREET ADDRESS	Greene, Fred
CITY-ST-ZIP	<del>SINGER ISLAND FL</del>	1.4 CITY-ST-ZIP	7640 Palm Road West Palm Beach, FL
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDFIELD, WILLIAM T.	2.2 NAME	
STREET ADDRESS	3626 WHITEHALL DR., #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JERRY	3.2 NAME	
STREET ADDRESS	<del>8084 NASHUA DR.</del>	3.3 STREET ADDRESS	1536 Breakers West Blvd.
CITY-ST-ZIP	<del>PALM BCH GARDENS FL</del>	3.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATER, JOHN J	4.2 NAME	
STREET ADDRESS	2649 TECUMSEH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S
STREET ADDRESS		5.3 STREET ADDRESS	Eassa, Jack J.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	111 South Flagler Way West Palm Beach, FL
TITLE		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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 407-650-7441  
Date Daytime Phone #

CR2E037 (12/95)