

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90017 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710302

1. Corporation Name

FIRST BAPTIST CHURCH OF OAKLAND PARK, FLORIDA, I NC.

Principal Place of Business

801 NE 34TH COURT
 OAKLAND PARK FL 33334

Mailing Address

801 NE 34TH COURT
 OAKLAND PARK FL 33334



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		02/03/1966	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-1227375	
24 Country		30 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GREG SCHWEIGER 5980 NE 21 CIRCLE FT. LAUDERDALE FL 33308				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STOD	1.1 TITLE	☐ Change ☐ Addition
NAME	STODDARD, JANE E.	1.2 NAME	
STREET ADDRESS	911 E. DAYTON CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWEIGER, C. GREGORY	2.2 NAME	
STREET ADDRESS	59890 NE 21 CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BARCLIFT, BARBARA	3.2 NAME	
STREET ADDRESS	671 NE 35 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	Bill Hamilton	4.2 NAME	
STREET ADDRESS	4519 NW 97th Terrace	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (1/98)

1/17/99 954 564-0461