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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 23 1997 8:00am

Secretary of State

🌷 Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

712171

SIGNATURE: Dr. DONIGHANT DYNKEREO

(8)

PALM SPRINGS BAPTIST CHURCH, INC.

PALIVIC	OFNINGS DAFTI	or orionom,	1110.									
Principal Place	of Business		Mailing Address					185 1898 518 8		1 41 019 11 01011 0		11 10 10 11 10 10 1
3300 TENTH AV PALM SPRINGS		3300 TENTH AVENUE NORTH PALM SPRINGS FL 33461-2908										
							Ì	3. Date incorporated 01/26/1967	or Qualified		of Last Re 1/29/199	
2. Principal Pl	ace of Business		2a. Mailing Address					4. FEI Number 59-110171	Λ			olied For
21			26					יו זו טו ו־פּכּ	J		.,	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Cour	ntry	Zip Country				İ	B. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes				
24	25	trans of Current E	29 30 Registered Agent					Florida Statutes Yes Yes 10. Name and Address of New Registered Agent				
	9. Name and Auc	Jiess Of Curionic P	INDICATION AND IN			81 Name	<u> </u>	Tour	> mV			
▼ WESTON	I LADOV					00 011	<u> </u>	ss (P.O. Box Number is	DIO VOCA	(al		
	N VIZCAYA					82 Street	Addres		WAS SPILED	10)		
	ORTH FL 33461				ı	83			7			
Dung III					- }	84 City j	7				85 Zip C	ode
	•					L	<u> </u>	le Worth		<u>FL</u>	<i>"33</i>	467
11. Pursuant t	to the provisions of S	ections 617.0502 a	and 617.1508, Flori	da Statute	s, the at	ove-named	corpor	ration submits this state n's board of directors. I	ment for the p	urpose of c	hanging its	registered registered
agent. I gi	m familiar with, and a	ccept the obligation	ons of Section 617	.0503. Plor	ida Stat	utes.	PO UNO	/ _	4		Inla	,
SIGNATURE	Dr. David	IL. Drai	(e		1)	whe	ℓ_{\sim}	Lite	h-	77	1819	/
40	Signature, typed or printed n	OFFICERS AND I		(NOTE:	Registered	Agent signature	o required	ADDITIONS/CHAN	SES TO OFFIC	ERS AND D	DIRECTOR	S IN 12
12.	SD	OFFICERO AND I		ELETE	1.1 TO	LE	T				Change	Addition
NAME	BELCHER, SAM	T	_		1.2 N/	ME						
STREET ADDRESS	2952 VIA VIZCA	1.3 STREET ADDRESS			REET ADDRESS							
CITY - ST - ZIP	LAKE WORTH F				1.4 CF	TY-ST-ZIP	<u> </u>					
TITLE	VD			ELETE	2.1 11	TLE	VF	المام مال	-		change	Addition
NAME	STAMEY, JOHN	17		2.2 N		NME .	Ni	iddon, Ed	#107			
STREET ADDRESS	206 OHIO RD					REET ADDRESS		5 Lori Dr		2/11		
CITY-ST-ZIP	LAKE WORTH,	FL 00000		2-22		ITY-ST-ZIP	Pai	<u>m spriviqs</u>	, the s	3461	Change	Addition
TITLE	T		اللا	ELETE	3.1 1(•	-	T Cuanão	L AUGIRON
NAME	STORY, CURTIS 456 GULFSTRE				3.2 N/		İ					
STREET ADDRESS	LAKE WORTH					REET ADDRESS						
CITY-ST-ZIP TITLE	P LAKE WORTH		110	ELETE	417	ITY-ST-ZIP	 				Change	Addition
NAME	WESTON, LARF	ay T		·=	4.2 N					_	-	
STREET ADDRESS	2951 VIA VIZCA				1	TREET ADDRESS	1					
CITY-SI-ZIP	LAKE WORTH I				4.4 C	TY-ST-ZIP						
THILE				ELETE	5.1 TI	TLE				I	Change	Addition
NAME					5.2 N	AME	1					
STREET ADDRESS					5.3 S	treet address						1
CITY - ST - ZIP						ITY-ST-ZIP	ļ			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE]			DELETE	6.1 TI					ι	Change	Addition
NAME					6.2 N			1				
STREET ADDRESS						TREET ADDRESS						
City-St-ZIP		armation armalia d	with this filing day	not avolit	6.4 C	ITY-ST-ZIP	etoted	in Section 119.07(3)(i).	Florida Statute	s I further	certify that	the
informatio		innual report or suj se corporation or th	ppiemental annual ne receiver or trust	report is tr ee embow	ue ano ered to c			my signature shall have as required by Chapte				