## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 712171**

1. Corporation Name

PALM SPRINGS BAPTIST CHURCH, INC.

Principal Place of Business
3300 TENTH AVENUE NORTH PALM SPRINGS FL 33461

2. Principal Place of Business

Mailing Address

2a. Mailing Address

3300 TENTH AVENUE NORTH PALM SPRINGS FL 33461

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90038 012 \*\*\*\*61.25

409540 - 90038 - 12

3. Date incorporated or Qualifed

·		26		01/26/1967 .		_ 1		
Suite, Apt. :	# etc	Suite. Apt. #, etc.		4. FEI Number	Applied For			
22		27		59-1101710	Not Applica	ble		
City & State	<u> </u>	City & State		5. Certificate of Status Desired	\$8.75 Additional	1		
23	* .	28		5. Certificate of Status Desired	Fee Required			
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	- {		
·	25	29 30		Trust Fund Contribution	Added to Fees			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent			
		-	81 Name	INGLERT RICHARD J JR.				
CDACE D	necot			Address (P.O. Box Number is Not Acceptable)				
			5254 CHELAN COVE					
BOYNTON BEACH FL 33437.					.			
, , , , , , , , , , , , , , , , , , ,			84 City		85 Zip Code			
	·			LAKE WOETH FL	33467			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, t	the above-named	corporation submits this statement for the purpose of	changing its registere	эd		
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								
-			01 V.6	m/8444. 4/8/	199			
SIGNATURE	Nichard J. Erglert 3 Signature, typed or printed name of egistered agent a	and title if applicable. NOTE: Reg	istered Agens signature r	eggired when reinstating) DATE		1		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A				
TITLE	SDT	DELETE	1.1 TITLE	POTr	☐ Change ☐ Add	สเบอก		
NAME	BELCHER, SAM	•	1.2 NAME	ADAMS, FRANK				
STREET ADDRESS	2952 VIA VIZCAYA	1	1.3 STREET ADDRESS	4113 KENT AVE.		ļ		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461				
TITLE	VPT	DELETE	2.1 TITLE	VDTr	Change Ad	dition		
NAME	WHIDDON, ED		2.2 NAME	WHIDDON, ED		- 1		
STREET ADDRESS	725 LORI DR., #107		2.3 STREET ADDRESS	5175 FERNLEY DR. #_126	عدامين والمجهور			
CITY-ST-ZIP	PALM SPRINGS FL		2, 4 CITY+ST-ZIP	WEST PALM BEACH, FL. 334				
TITLE	T	<b>⊠</b> DELETE	3,1 TITLE	SDTC	Change 🗓 Ad	dition		
NAME	STORY, CURTIS		3.2 NAME	STAMEY, JOHN		ļ		
STREET ADDRESS	456 GULFSTREAM RD	•	3.3 STREET ADDRESS	206 OHIO ROAD	, -	1		
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY-ST-ZIP	LAKE WORTH, FL 33467	<del>.</del>			
TITLE		☐ DELETE	4.1 TITLE	TDTF	☐ Change ☑ Ad	dition		
NAME		•	4.2 NAME	EVANS, WILLIAM A,	•			
STREET ADDRESS	· · · · <del>·</del>		4.3 STREET ADDRESS	213 RUSSELL DRIVE		1		
CITY-ST-ZIP			4,4 CITY-ST-ZIP	PAUN SPRIOSS, FL. 3346				
TITLE		☐ DELETE	5.1 TITLE		Change Ad	dition		
NAME			5.2 NAME					
STREET ADDRESS	×		5.3 STREET ADDRESS		•	٠,		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	7 1 4 K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	dition		
NAME	्रिस नियम्बे हो भी		6.2 NAME	, ,				
STREET ADDRESS	A Char		6.3 STREET ADDRESS			ŀ		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·				
ON 1-01-FIF								

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, office an attachment with an address, with all other like empowered.

SIGNATURE:

4-14-99 (444-5115)
Date Dayline Phone #