

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90023 041 ****78.75

DOCUMENT # 713932

1. Corporation Name

**THE BIBLE CHURCH OF GOD OF FORT LAUDERDALE, INCO
RPORATED**

Principal Place of Business

% REV. DONALD V. HOWELL
1597 MAITLAND AVE.
MAITLAND FL 32751

Mailing Address

% REV. DONALD V. HOWELL
1597 MAITLAND AVE.
MAITLAND FL 32751



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/12/1968

4. FEI Number

59-2353849

Applied For

Not Applicable

5. Certificate of Status Desired

2 ☒ COPIES

\$8.75 Additional

Fees Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOWELL, DONALD V. REV.
1597 MAITLAND AVE.
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

Howell, Viola M.

82 Street Address (P.O. Box Number is Not Acceptable)

1597 Maitland Ave

83

84 City

Maitland

FL

85 Zip Code

32751

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

Viola M. Howell, President

Viola M. Howell

1/11/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOWELL, DONALD V R
STREET ADDRESS 1597 MAITLAND AVE.
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE VD
NAME HOWELL, DONNA
STREET ADDRESS 13603 MARINA POINTE DRIVE
CITY-ST-ZIP MARINA DEL REY CA ☐ DELETE

TITLE VSD
NAME HOWELL, VIOLA M
STREET ADDRESS 1597 MAITLAND AVE.
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Howell, Donald V.
1.3 STREET ADDRESS 1597 N. Maitland Ave
1.4 CITY-ST-ZIP Maitland, FL 32751

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME Howell, Donna
2.3 STREET ADDRESS 16160 Sunset Blvd, Apt. D
2.4 CITY-ST-ZIP Pacific Palisades, CA 90272

3.1 TITLE PTD ☒ Change ☐ Addition
3.2 NAME Howell, Viola M.
3.3 STREET ADDRESS 1597 Maitland Ave
3.4 CITY-ST-ZIP Maitland, FL 32751

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Viola M. Howell
SIGNATURE REQUIRED

1/11/99

(407)834-3628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0014081

CR2E037 (11/98)