FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

CUMMINGS. CLAUDE

CUMMINGS, BEATRICE

917 W 2ND ST.

917 W 2ND ST.

RIVIERA BEACH FL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

714179

(9)

CHURCH OF GOD IN CHRIST BIBLE WAYS OF RIVIERA BE

ACH, INC.									
Principal Place of Business Mailing Address						-			
OF RIVIERA BEACH INC			OF RIVIERA BEACH INC 665 7TH ST				3. Date Incorporated or Qualified		
RIVIERA BEACH FL 33404			RIVIERA BEACH FL 33404				02/29/1968		
							4. FEI Number Applied F		
							71-4179602 Not Appli	cable	
2. Pri	ncipal Place of Busi	ness	2a. Mailing Address 28				5. Certificate of Status Desired		
Sul	te, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
22	27						Trust Fund Contribution Added to Fees		
	y & State		City & State				7. Is this nonprofit corporation a homeowners association?		
Zip	<u> </u>	Country	Zip	<u> </u>			8. This corporation owes or has paid the current year Intangible		
24	,	25	→ - ·	30			Personal Property Tax due June 30. Yes No	,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
					81	Name			
PORTER, EUGENE 1448 8TH ST					82	Street A	Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401					83				
					84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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									
					d Age	nt signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
					13. 1.1 TOLE			ddition	
TITLE						Citality Li Auditoli		JUILION	
NAME BARRON, EARL			1.2 NAME		Į		Į		
STREET ADDRESS 2251 AVE H EAST				1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP RIVIERA BEACH FL				1.4 C	TY-S	T- ZIP			
TITLE	D		DELETE	2.1 TI	TLE		Change Ac	dition	

RIVIERA BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE BARRON, ALLIE J. NAME 4.2 NAME STREET ADDRESS 2251 AVE. H EAST 4.3 STREET ADDRESS RIVIERA BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE PORTER, ISABELL NAME 5.2 NAME 1448 8 ST. 5.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS**

22 NAME

3.1 TITLE

3.2 NAME

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

14. Thereby 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 eath; 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 13 if chapted or on an etter-benefit with an address.

Block 12 of Block 15 if Changed, of off art attachment with all address.

1/00 lad (56) SID-7956

Change

Addition

FILED

Feb 05 1998 8:00am

Secretary of State