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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 714179

1. Corporation Name

CHURCH OF GOD IN CHRIST BIBLE WAYS OF RIVIERA BEACH, INC.

Principal Place of Business

OF RIVIERA BEACH INC
665 7TH ST
RIVIERA BEACH FL 33404

Mailing Address

OF RIVIERA BEACH INC
665 7TH ST
RIVIERA BEACH FL 33404



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/29/1968

4. FEI Number

71-4179602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PORTER, EUGENE
1448 8TH ST
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME
BARRON, EARL
STREET ADDRESS
2251 AVE H EAST
CITY-ST-ZIP
RIVIERA BEACH FL

TITLE ☐ DELETE

NAME
D
CUMMINGS, CLAUDE
STREET ADDRESS
917 W 2ND ST
CITY-ST-ZIP
RIVIERA BEACH FL

TITLE ☐ DELETE

NAME
OD
CUMMINGS, BEATRICE
STREET ADDRESS
917 W 2ND ST
CITY-ST-ZIP
RIVIERA BEACH FL

TITLE ☐ DELETE

NAME
S
BARRON, ALLIE J.
STREET ADDRESS
2251 AVE. H EAST
CITY-ST-ZIP
RIVIERA BEACH FL

TITLE ☐ DELETE

NAME
O
PORTER, ISABELL
STREET ADDRESS
1448 8 ST.
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
2251 AVE H EAST
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED *Willie Blumming* 1-11-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)