FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1007		*									
DOCUMENT # 714678 (0)												
FIRST !	BAPTIST CHURCH OF DAV	/IF/COOPER	CITY INC.				1					
,		112,0001 21	1 0111 1110					1 (10.0 0) (10.00) (1 0.0 0)	DI DI BARRA (1884)	1801 8180 8	HAN DIKU BUDU BU	DJE 858 5) (88)
Principal Place of Business Mailing Address							- {	· • • • • • • • • • • • • • • • • • • •	41618 BIIII 19981		,1417 81811 91811 81	814 61814 1881
8950 STIRLING ROAD 8950 STIRLING ROAD												
COOPER CITY I	FL 33024	COOPER C	XTY FL 33024-82	20			Į					
							ſ	3. Date Incorporated		3a. [Date of Last Re	
								05/29/1968			04/24/199	
~ ¬ ′	ace of Business	├ -¬	2a. Mailing Address				1	4. FEI Number 59-1289834	ı			plied For
Suite, Apt	# etc	26 Suite	Suite, Apt. #, etc.					00 120000	·		\$8.75	1 Applicable
22	, CIO.	 	27				1	5. Certificate of Status	s Desired		Fee Re	
City & State	9		City & State					6. Election Campaign	Financing		\$5.00	May Be
23		28				<u> </u>		Trust Fund Contrib	ution		Added t	
- Ζφ	Country	Zip		<u> </u>	intry		-	8. This corporation he		_ "	_	199.032,
24	25 9. Name and Address of Curre	29		30			<u>.</u>	Florida Statutes 10. Name and Addres		Yes		
	9. Name and Address of Confe	it negistered A	Aput		B1	Name		IV. Italije sliu Addie	S OI NOW NO	gister oc	1 WAGUIT	
MUES P	MIDH F ESO					6	4.1.1	(5.0.0)				
MILES, RALPH F. ESQ. 201 E 2ND STREET					82	Street	Addres	Idress (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33010				83								
					84	City					85 Zip (ode.
										<u>FI</u>		
11. Pursuant t	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508 of Florida, Suc	8, Florida Statut Ih change was a	es, the al authorize	bove- d by l	named the core	corpor	ation submits this state o's board of directors. I	ment for the p hereby acce	purpose on the ac	of changing its poointment as	s registered registered
agent. Lar	m familiar with, and accept the oblig	ations of, Section	on 617.0503, Flo	orida Stat	tutes.	,		,	,	,		
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applical	ble (NOT)	F: Baoistare	d Anen	E noalure	regulard :	when reinstating)		DATE		
12.		D DIRECTORS		13.		- 9		ADDITIONS/CHANG	ES TO OFFI		ID DIRECTOR	S IN 12
TITLE	7		DELETE	1.1 TI	TLE						Change	Addition
NAME	HARDY, GENEVA M			1,2 N	AME		j					}
STREET ADDRESS	9202 N.W. 9TH COURT			1.3 ST	TREET A	DDRESS						
CITY-ST-ZIP	PLANTATION FL 33324	······································	DELETE	_	ITY-ST	- ZIP	ļ				Change	Addition
TITLE	D DAV EDANIK		TT DECEIE	2.1 T(2.2 N			ļ				Change	Addition
NAME STREET ADDRESS	RAY, FRANK 5251 SW 89TH AVE					DDR <u>e</u> ss	l					}
CITY-S1-ZIP	COOPER CITY FL				HY-SI		1		3332	8		ļ
TITLE	PD		DELETE	3.1 TI			<u> </u>		<u> </u>		Change	Addition
NAME	LAUDERDALE, VIRGINIA			3.2 N	AME		Į					
STREET ADDRESS	5306 S.W. 76TH AVE.			3.3 \$1	TREET A	DORESS						ĺ
CITY-ST-7IP	DAVIE FL 33314		T 55:5==	_	ITY-SI	- ZIP					T 1 2:	
TITLE	D DUANG HENDY		DELETE	4.1]			ļ				Change	Addition
NAME	SHAW, HENRY				IAME		ł					}
STREET ADDRESS	5601 S.W. 57TH ST. DAVIE FL 33314			B		DDRESS						
CITY+ST-ZIP TITLE	DAVIE PL 33314		DELETE	4.4 C	ITY-ST ITLE	TIL.		<u> </u>			Change	Addition
NAME	WILSON, LARRY			5.2 N							•·	
STREET ADDRESS	9611 N.W. 4TH ST.			5.3 \$	TREET A	DDRESS						
CITY-ST-7IP	PEMBROKE PINES FL 33024			5.4 C	ITY-ST	ZIP						
TITLE	D		DELETE	611	ILE .			0	mos)	Change	Addition
NAME	NELSON, J			6.2 N		/ ,		75	mes 3333			ĺ
STREET ADDRESS	5240 SW 115TH AVE			-		DDRESS	4	<i>U</i> =	2222	^		
CITY-ST-ZIP	FORT LAUDERDALE FL			6.4 C	ITY-ST	7)P	⊥/		<u>, </u>			

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/97 954/431-5677 ate Daytime Phone 1 002305

FILED

Apr 03 1997 8:00am

Secretary of State