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Jan 26, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 714678

1. Corporation Name

FIRST BAPTIST CHURCH OF DAVIE/COOPER CITY INC.

Principal Place of Business

8950 STIRLING ROAD
COOPER CITY FL 33024

Mailing Address

8950 STIRLING ROAD
COOPER CITY FL 33024



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/29/1968

4. FEI Number

59-1289834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, RALPH F. ESQ.
201 E 2ND STREET
HIALEAH FL 33010

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 of 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME SOST, DOROTHY L
STREET ADDRESS 117 EAST LAKESHORE DR
CITY-ST-ZIP HALLANDALE FL 33009

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

D
NAME LORD, HAROLD SR
STREET ADDRESS 5631 NE 6TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33334

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

PD
NAME LAUDERDALE, VIRGINIA
STREET ADDRESS 5306 S.W. 76TH AVE.
CITY-ST-ZIP DAVIE FL 33314

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

D
NAME SHAW, HENRY
STREET ADDRESS 5601 S.W. 57TH ST
CITY-ST-ZIP DAVIE FL 33314

☐ DELETE

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

☐ Change ☐ Addition

D
NAME WOODWARD, CAROLYN
STREET ADDRESS 12655 SW 12TH ST
CITY-ST-ZIP DAVIE FL 33325

☐ DELETE

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

☐ Change ☐ Addition

D
NAME NELSON, JAMES
STREET ADDRESS 5240 SW 115TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99 954-4345419
Date Daytime Phone #

CR2E037 (11/98)