FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 728484

SOUTH DADE BIBLE CHAPEL, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90063 018 ****61.25

336984 - 90003 - 10

Principal Place of Business Mailing Address	
%GENTRY, JAMES, E %GENTRY, JAMES, E	
8200 SW 112 ST 8200 SW 112 ST	
MIAMI FL 33156 MIAMI FL 33156 US US	
	, in the second
Principal Place of Business Amailing Address	Date Incorporated or Qualifed
	12/26/1973
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.	4. FEi Number Applied For
22 27	23-7372961 Not Applicable
City & State City & State	5. Certificate of Status Desired S8.75 Additional
23 28	Fee Required
Zip . Country Zip Country	6. Election Campaign Financing \$5.00 May Be
24 25 29 30	Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
	Address (P.O. Box Number is Not Acceptable)
3001 PONCE DE LEON BLVD., ROOM 211	
CORAL GABLES FL 83	
84 City	85 Zip Code
	FL 00 all the state of the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the con-	poration'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	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	Change Addition
NAME GENTRY, JAMES E. 1.2 NAME	Schlottman, Esic 14983 S.W. 96 Tessace
STREET ADDRESS 8200 SW 112 STREET 1.3 STREET ADDRESS	14883 S.W. 96 TESTALE
CITY-ST-ZIP - MIAMI-FL	
TITLE STD DELETE 2.1 TITLE	☐ Change ☐ Addition ☐
NAME ENGELMANN, ERIC 22 NAME	
STREET ADDRESS 239 PINECREST DR 2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SPGS FL 2.4 CITY-ST-ZIP	
TITLE D	Change ☐ Addition
NAME BLACKSTONE, PHIL 32 NAME	☐ Change ☐ Addition
NAME BLACKSTONE, PHIL 3.2 NAME STREET ADDRESS 37190 SW 212 AVE 3.3 STREET ADDRESS	☐ Change ☐ Addition
NAME BLACKSTONE, PHIL 3.2 NAME STREET ADDRESS 37190 SW 212 AVE 3.3 STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME BLACKSTONE, PHIL 32 NAME STREET ADDRESS 37190 SW 212 AVE 33 STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 34. CITY-ST-ZIP TITLE D □ DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME BLACKSTONE, PHIL 32 NAME STREET ADDRESS 37190 SW 212 AVE 33 STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 34. CITY-ST-ZIP TITLE D □ □ □ DELETE 4.1 TITLE NAME PLAPPEST, JOSEPH 4.2 NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY- ST-ZIP BLACKSTONE, PHIL 32 NAME 32 NAME 33 STREET ADDRESS 34. CITY- ST-ZIP TITLE D DELETE 4.1 TITLE NAME PLAPPEST, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI FL 32 NAME 32 NAME 33 STREET ADDRESS 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-ZIP	Change Addition
NAME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE D PLAPPEST, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE D DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL AACITY-ST-ZIP TITLE D DELETE 5.1 TITLE D NAME JOHNSON, PAUL	Change Addition Change Addition Change Addition
NAME	Change Addition Change Addition Change Addition
NAME	Change Addition Change Addition Change Addition Change Addition
NAME	Change Addition Change Addition Change Addition
NAME	Change Addition Change Addition Change Addition Change Addition
NAME	Change Addition Change Addition Change Addition Change Addition

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 without address, with all other like empowered.

SIGNATURE: