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

DOCUMENT #

Principal Place of Business

729226

(1)

Mailing Address

LAKE WORTH BIBLE CHURCH, INC.

3958 KIRK ROAD LAKE WORTH FL 33461		3958 KIRK ROAD LAKE WORTH FL 33461-3914				
					3. Date Incorporated or Qualified 04/02/1974	3a. Date of Last Report 02/27/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
0.000 0.00	A1 -	26			23-7377447	Not Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	}	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes X No
	9. Name and Address of Current	Registered Agent	8	dl blomo	10. Name and Address of New Reg	glatered Agent
22552	********* A		•	1 Name		
5555 52	NORMAN C ND DRIVE SO		6:		iress (P.O. Box Number is Not Acceptabl	le)
	orth, fl		8:	3		
33463			6	'	4	FL 85 Zip Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	and 617.1508, Florida State of Florida. Such change was slions of, Section 617.0503, F	utes, the abo s authorized t Florida Statut	ve-named corporal by the corporal es.	poration submits this statement for the particol's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered agen	er and title if applicable /M/	OTC: Designated A		pired when reinstating)	
12.	Signature, typed or printed name or registered agen OFFICERS AND		13.	gent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Fibertions Of Fire state 15 grants	Change Addition
NAME	MURRAY, THOMAS		1.2 NAME	E		
STREET ADDRESS	909 SUNSET ROAD		1.3 STRE	ET ADORESS		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY	-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	DUKES, RAY		2.2 NAME	E		
STREET ADDRESS	732 BEECH RD		2.3 \$TRE	ET ADORESS		
CITY-ST-ZIP	W PALM BCH FL			'-ST-ZIP		
TITLE	PD NORMAN O	DELETE	3.1 TITLE			Change Addition
NAME	SPEIER, NORMAN C		3.2 NAME			
STREET ADDRESS	5555 52ND DRIVE SO			ET ADORESS		
CITY-ST-ZIP TITLE	LAKE WORTH, FL 00000	T DELETE	3.4. CITY 4.1 TITLE			☐ Change ☐ Addition
NAME		FT brrrir	4.1 STILE 4. 2 NAM		•	Change Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.3 STNC			
TITLE		DELETE	5.1 TITLE		WWW.	Change Addition
NAME			5.2 NAME			
STREET ADDRESS				ET ADDRESS		
CiTY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 TITLE	·····	,	Change Addition
NAME			6.2 NAME	E	·	
STREET ADDRESS	i		6.3 STRE	ET ADDRESS	•	
C17 C7 7/D			0.4.0179/	07 700		

14. I do hereby certify that the information supplied with this filling 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.

1-8-97 (561) 968-2122

Feb 14 1997 8:00am

Secretary of State