

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737067 (9)  
1. Corporation Name  
EVANGEL BAPTIST CHURCH OF BOCA RATON, FLORIDA, INC.



Principal Place of Business  
7500 COUNTRY CLUB BLVD.  
BOCA RATON FL 33487-1542

Mailing Address  
7500 COUNTRY CLUB BLVD.  
BOCA RATON FL 33487-1542

3. Date Incorporated or Qualified 10/19/1976	3a. Date of Last Report 02/06/1995
4. FEI Number 59-6610757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent NEUMANN, HAROLD 959 SE 2ND AVENUE, A. 257 DEERFIELD BEACH FL 33441	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S FOSTER, DOROTHY 924 ALLAMANDA DR DELRAY BEACH FL CITY-ST-ZIP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DOROTHY	12 NAME	
STREET ADDRESS	924 ALLAMANDA DR	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	TD DUJANOVIC, LORRAINE 5334 NW 21 AVE BOCA RATON FL CITY-ST-ZIP	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUJANOVIC, LORRAINE	22 NAME	
STREET ADDRESS	5334 NW 21 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	MD NEUMANN, HAROLD 959 SE 2ND AVENUE DEERFIELD BEACH FL CITY-ST-ZIP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMANN, HAROLD	32 NAME	
STREET ADDRESS	959 SE 2ND AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	34 CITY-ST-ZIP	
TITLE	S BATEK, JOYCE 2720 S.W. 22ND AVENUE DELRAY BCH. FL CITY-ST-ZIP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEK, JOYCE	42 NAME	
STREET ADDRESS	2720 S.W. 22ND AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	44 CITY-ST-ZIP	
TITLE	DV PANKRATZ, HERBERT 1401 . OCEAN BLVD. POMPANO BEACH FL CITY-ST-ZIP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANKRATZ, HERBERT	52 NAME	
STREET ADDRESS	1401 . OCEAN BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

CR2E037 (12/95)