


FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		✓ FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737067** (9)

1. Corporation Name

**EVANGEL BAPTIST CHURCH OF BOCA RATON, FLORIDA, I NC.**

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

Mailing Address  
**E.**  
**7500 COUNTRY CLUB BLVD.**  
**BOCA RATON FL 33487**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/19/1976</b>		3a. Date of Last Report <b>02/12/1996</b>	
21 <b>7500 E. C.C.B.</b>		26 <b>7500 E. C.C.B.</b>		4. FEI Number <b>59-6610757</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEUMANN, HAROLD**  
**959 SE 2ND AVENUE, A. 257**  
**DEERFIELD BEACH FL 33441**

81 Name	<b>PANKRATZ BEATRICE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1401 OCEAN BLVD.</b>
83	
84 City	<b>POMPANO BEACH FL</b>
85 Zip Code	<b>33487</b>

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 *Beatrice Pankratz* *Feb. 11/97*  
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	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, DOROTHY</b>	1.2 NAME	
STREET ADDRESS	<b>924 ALLAMANDA DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATEK, JOYCE</b>	2.2 NAME	
STREET ADDRESS	<b>2720 SW 22ND AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEUMANN, HAROLD</b>	3.2 NAME	
STREET ADDRESS	<b>959 SE 2ND AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATEK, JOYCE</b>	4.2 NAME	
STREET ADDRESS	<b>2720 S.W. 22ND AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANKRATZ, HERBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1401 . OCEAN BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Dyco Batek* 1-23-97 9976109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070835

CR2E037 (9/96)