


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742108** (4)

1. Corporation Name

**INDEPENDENT BAPTIST CARRIBEAN MISSION AND INSTIT
UTE OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**111 NE 56TH STREET
FT LAUDERDALE FL 33334-8720**

**111 NE 56TH STREET
FT LAUDERDALE FL 33334-8720**

3. Date Incorporated or Qualified

03/31/1978

4. FEI Number

59-1933321

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERDINAND, JON JAY
7061 WEST COMMERCIAL BLVD
FT. LAUDERDALE FL 33334**

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 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	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EDWARD	1.2 NAME	
STREET ADDRESS	41 NE 48TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DONALD E. (REV)	2.2 NAME	
STREET ADDRESS	111 NE 56TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLIER, BARBARA	3.2 NAME	
STREET ADDRESS	6950 ROYAL PALM BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JEANETTE L	4.2 NAME	
STREET ADDRESS	41 NE 48TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLIER, ROBERT	5.2 NAME	
STREET ADDRESS	6950 ROYAL PALM BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GRACE E	6.2 NAME	
STREET ADDRESS	111 NE 56TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	6.4 CITY-ST-ZIP	

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.

20 APRIL 1998

SIGNATURE:

DONALD E. NELSON

20 APRIL 1998

CR2E037 (10/97)