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 # 742108 1. Corporation Name

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

Principal Place of Business
111 NE 56TH STREET
CT LAUDEDDALE EL 22224 022

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

111 NE 56TH STREET

2a. Mailing Address

27

Suite, Apt. #, etc.

FT LAUDERDALE FL 33334-8720

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90107 023 ****61.25



3. Date Incorporated or Qualifed

03/31/1978

59-1933321

4. FEI Number

City & State		City & State				5. (Certifcate of 5	Status Desired		Fee Red	L.	
28												
Zip								paign Financing	" 🗀 🗀	\$5.00 t	•	
4 25 29 30					Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent							
	9. Name and Address of Current	Registered Agent		-		10.	Name and A	daress of New	Kedizresen	Agent		
				81	Name							
FERDINAN	D, JON JAY			82	Street Addr	ress (P.	O. Box Numb	er is Not Accep	table)			
	T COMMERCIAL BLVD	•										
	RDALE FL 33334			83								
1 (. 5 (55)				84	City			-		85 Zip C	ode	
					J,				FL	- 1 -	_ 	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	Florida Such change	was authoriz	80 DV	the corporati	poration ion's boa	submits this ard of director	statement for these. I hereby acc	e purpose of ept the appoi	changing its i intment as reg	registered Jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Register	ed Agen	t signature require	ed when rei	instating)		DATE			
12.	OFFICERS AND		13			A	DDITIONS/C	HANGES TO C	FFICERS AN	ND DIRECTO		
TITLE	VD .	☐ DELE	TE 1.1	TITLE						Change	■ Addition	
NAME	JONES, EDWARD	•	1.2	NAME						•		
STREET ADDRESS				STREET	TADORESS							
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4	CITY-S	T-ZIP .			·				
TITLE	PD	☐ DELE	TE 2.1	TITLE						Change	Addition	
NAME	NELSON, DONALD E. (REV)		2.2	NAME								
STREET ADDRESS	111 NE 56TH STREET		2.3	STREET	TADORESS							
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	-	2.4	CITY-S	ST-ZIP				الم الم	<u></u>		
TITLE	D -	☐ DELI	TE 3.1	TILE						Change	☐ Addition	
NAME	VALLIER, BARBARA		3.2	NAME					•	•		
STREET ADDRESS		•	3.3	STREE	TADORESS				i			
CITY-ST-ZIP	MARGATE FL			. CITY-S	1							
TITLE	TD	☐ DELI		TITLE				·		Change	☐ Addition	
NAME	JONES, JEANETTE L		4.3	NAME					•			
STREET ADDRESS			4.3	STREE	TADORESS							
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			CITY-S	1							
TITLE	D	☐ DELI		TITLE						Change	☐ Addition	
NAME	VALLIER, ROBERT		5.2	NAME								
STREET ADDRESS			5.3	STREE	TADDRESS							
CITY-ST-ZIP	MARGATE FL		5.4	CITY-S	T-ZIP							
TITLE	SD	☐ DELI	ETE 6.1	TITLE				· · · · · · · · · · · · · · · · · ·	•	Change	Addition	
NAME	NELSON, GRACE E		6.2	NAME	•							
STREET ADDRESS			6.3	STREE	T ADDRESS							
-	FT LAUDERDALE, FL 00000		6.4	CITY-S	T-ZIP							
CITY-ST-ZIP	certify that the information supplied with	this filing does not gu				Section	119.07(3)(i).	Florida Statute	s. I further ce	rtify that the ir	nformation	

indicated on this armular report or supplementar armular report is true and accurate and that my signature shall have the same report as it made and that my 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 with all other like empowered.

SIGNATURE: DONALDSEGNEUSON, RED

17 APRIL 1999

954-491-4496

Applied For

Not Applicable