

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 743764 (3)

1. Corporation Name

DEERFIELD BEACH FIRST BAPTIST CHURCH HOLDING COM
PANY

Principal Place of Business

701 N.E. 2ND STREET
DEERFIELD BEACH FL 33441

Mailing Address

701 N.E. 2ND STREET
DEERFIELD BEACH FL 33441

APPROVED
AND
FILED

95 MAR 30 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001444683
-03/31/95 --01027--015
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0806969

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$61.25 \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statute: ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

CUZZORT, CHARLES
357 N.E. 30TH ST.
BOCA RATON FL 33432

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

GARNETT, GRADY
4730 NW. 74TH PLACE
POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

ELLER, DAVID
281 S.E. 18TH AVE.
DEERFIELD BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

CUZZORT, CHARLES H.
357 N.E. 30TH ST.
BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DANIELS, LAWRENCE
698 SW 18TH ST
BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TRUSTEE

GARNETT, GRADY
4730 NW 74th Place
Pompano Beach, FL.

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TRUSTEE

ELLER, DAVID
281 S.E. 18th Ave.
DEERFIELD Beach, FL.

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TRUSTEE

Butler, Timothy
1900 NW 25 St.
BOCA RATON, FL.

☒ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

DELETE

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

3/30/95 MEST

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 no address.

SIGNATURE: x

Signature and typed or printed name of signing officer or director

x 3/16/95 392 9012