

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR - 1 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 744565 (3)
1. Corporation Name
FAITH BIBLE CHURCH OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address
3181 KIRK RD 3181 KIRK RD
PO BOX 6593 PO BOX 6593
LAKE WORTH FL 33466-6593 LAKE WORTH FL 33466-6593

3. Date Incorporated or Qualified 10/12/1978 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1871941 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 601(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

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

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

9. Name and Address of Current Registered Agent

CAMPBELL, LARRY
137 LONGFELLOW DR
PALM SPRINGS FL 33461

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SNOOK, RICHARD L.
STREET ADDRESS	7706 BLAIRWOOD CIR. S.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	CAMPBELL, LARRY
STREET ADDRESS	137 LONGFELLOW DR.
CITY-ST-ZIP	PALM SPGS. FL
TITLE	TD
NAME	KILGORE, DIANA
STREET ADDRESS	4576 PRUDEN BLVD
CITY-ST-ZIP	LAKE WORTH FL
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	Pastor D	☐ Change ☒ Addition
1.2 NAME	Smith, Conrad E.	
1.3 STREET ADDRESS	4281 Forest Road	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 19.07(3)(b), 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:

Diana L. Kilgore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

DIANA L. KILGORE 02-15-95 (404) 968-0754
DATE DAY/MONTH/YEAR