

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749654

1. Corporation Name

FIRST BAPTIST CHURCH OF PALM BEACH GARDENS, INC.

Principal Place of Business

11980 ALTERNATE A1A
PALM BEACH GARDENS FL 33410

Mailing Address

11980 ALTERNATE A1A
PALM BEACH GARDENS FL 33410

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/05/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1944389	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEATON, ROBERT
11980 ALTERNATE A1A
PALM BEACH GARDENS FL 33410

81 Name	Carter, Robert
82 Street Address (P.O. Box Number is Not Acceptable)	11980 Alternate A1A
83	
84 City	Palm Beach Gardens FL
85 Zip Code	33410

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

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

Robert Carter

11/22/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	KEATON, ROBERT	1.2 NAME	Small, Howard
STREET ADDRESS	11980 ALTERNATE A1A	1.3 STREET ADDRESS	11980 Alternate A1A
CITY-ST-ZIP	PALM BCH GDNS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	SD	2.1 TITLE	
NAME	CARTER, ROBERT	2.2 NAME	600003072876--4
STREET ADDRESS	11980 ALTERNATE A1A	2.3 STREET ADDRESS	-12/16/99--01067--007
CITY-ST-ZIP	PALM BCH GDNS FL	2.4 CITY-ST-ZIP	****236.25 ****236.25
TITLE	TD	3.1 TITLE	
NAME	TONER, EDWARD	3.2 NAME	
STREET ADDRESS	11980 ALTERNATE A1A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	PD
NAME	ENGLISH, GALE	4.2 NAME	English, Gale
STREET ADDRESS	11980 ALTERNATE A1A	4.3 STREET ADDRESS	11980 Alternate A1A
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Robert Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Carter

11/22/99

561-842-0586

Date

Daytime Phone #

CR2E037 (5/99)