


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N01841 1. Entity Name BIBLEWAY BAPTIST CHURCH, INC.		
Principal Place of Business 2220 NW 21TH AVE FT LAUDERDALE, FL 33311		Mailing Address 504 S.W. 2ND STREET., APT 2 POMPANO BEACH, FL 33060
DO NOT WRITE IN THIS SPACE		
		03272006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2414294		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DECOURSEY, JOEL REV 504 SW 2ND STREET APT #2 POMPANO BEACH, FL 33060		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECOURSEY, JOEL REV 504 S.W. 2ND STREET., APT 2 POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOKES, ROBERTA 3621 N.W. 4TH STREET FORT LAUDERDALE, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, LORAIN B 204 N.W. 27TH TERRACE FORT LAUDERDALE, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PRYER, MARY 604 S.W. 28TH STREET FORT LAUDERDALE, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYER, ALFRED 604 S.W. 28TH STREET FORT LAUDERDALE, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-3-06/454-781-6786 Date Daytime Phone