

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-22-1999 90161 038 ****70.00

DOCUMENT # N02533

1. Corporation Name

SOULS HARBOR CHURCH, INC.

Principal Place of Business

4203 SPAFFORD AVE
WEST PALM BEACH FL 33409
US

Mailing Address

P.O. BOX 18825
WEST PALM BEACH FL 33416
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/13/1984

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

BRANDON, PHYLLIS P
449 FIRST STREET
WEST PALM BEACH FL 33413

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 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 PASTOR PHYLLIS BRANDON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Pastor Phyllis Brandon 4-20-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME BRANDON, PHYLLIS
STREET ADDRESS 449 FIRST STREET N
CITY-ST-ZIP W. PALM BEACH FL

TITLE PD
NAME PITTS, DAVID R
STREET ADDRESS 449 FIRST ST N
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ST
NAME ANDERSON, SHELA P
STREET ADDRESS 7329 PALMDALE DR
CITY-ST-ZIP LANTANA FL 33462

TITLE TR
NAME JONES, KARL
STREET ADDRESS 1326 W 28TH CT
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D
NAME SCOTT, DEE DEE
STREET ADDRESS 566 N CREPYS DR
CITY-ST-ZIP TUQUESTA FL 33469

TITLE T
NAME CHESTNUT, WENDELL
STREET ADDRESS 1259 W 37TH CT, #2
CITY-ST-ZIP RIVIERA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ST
2.2 NAME WILLIAMS, CHERYL A
2.3 STREET ADDRESS 1622 61ST TRAIL S
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33415

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pastor Phyllis Brandon (561) 683-3020

CR2E037 (11/98)