Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N05647 1. Corporation Name

FIRST SEMINOLE INDIAN BAPTIST CHURCH, INC.

Principal Place of Business
% WONDER JOHNS
4701 STIRLING ROAD
FT LAHDERDALE EL 33314 -

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

% WONDER JOHNS 4701 STIRLING ROAD FT LAUDERDALE FL 33314

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Feb 08, 1999 8:00am **Secretary of State**

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3. Date Incorporated or Qualifed 10/15/1984

4. FEI Number

59-2585379

City & Sta	ite	City & State	City & State				\$8.75 Additional				
23		28	, , , , ,] 3. (Certifcate of Status Desired		Fee Required		
Zip	. Country Zip		Cou	Country		6. E	lection Campaign Financing		\$5.00	May Be	
24	25	29	30	30		1	rust Fund Contribution	' _□	Added to	•	
	9. Name and Address of Curre	ent Registered Agent				10.	Name and Address of New	Registered	Agent		
	1. 18. 25. 25. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	1.		81	Name						
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BUSTER; PAUL to the state of th					Street Address (P.O. Box Number is Not Acceptable)						
	ERDALE FL 33314			83							
11 DAUDENDALE 1E 333 14											
					City			FL	85 Zip C	ode	
11 Pursuani	t to the provisions of Sections 617.05	02 and 617.1508, Florida St	atutes, the at	oove-	named corpor	ration s	submits this statement for the	e numose of	changing its	registered	
office or	registered agent, or both, in the State	e of Florida. Such change wa	is authorized	by th	ne corporation	's boa	rd of directors. I hereby acce	ept the appoi	ntment as reg	istered	
_	am familiar with, and accept the oblig	gations of, Section 6 17.0503,	rionda Statu	ites.			ရေး ရေးရေးရှိ ရှိရသည် လုပ်ကြီး (၂၈)	Charles (A)	1 121: 35	4 \$1\$ (\$2)	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	OTF: Registered	Agent «	signature required v	when rein	stating)	DATE			
12.		ND DIRECTORS	13.	rigonit	agriculture required t		DITIONS/CHANGES TO O		ID DIRECTO	RS IN 12	
TITLE	PD recommend	☐ DELETE	1.1 111	LE .			4. * [35] *		Change	Addition	
NAME .	DUOTED DAIL		1.2 NA			,				_	
STREET ADDRESS					DORESS						
CITY-ST-ZIP FT. LAUDERDALE FL 33314				1.4 CITY-ST-ZIP							
TITLE	VD	☐ DELETE							☐ Change	Addition	
NAME	OSCEOLA, MOSES B		22 NA				•		0,,,go		
STREET ADDRESS					DDDEED	•					
	FT LAUDERDALE FL	** •			DDRESS					•	
CFTY-ST-ZIP TITLE	D	☐ DELETE		TY-ST-	ZIP				☐ Change	Addition	
				3.1 IIILE 3.2 NAME					□ Change	Addition	
NAME .	OSCEOLA, BETTY 3022 NW 64TH AVE.						•				
STREET ADDRESS	L ·				DORESS		:			1 1	
CITY-ST-ZIP	HOLLYWOOD FL	☐ DELETE		TY-ST-	ZIP			<u>.</u>		- Aldeber	
TITLE	D COCNOLIAM CADOL ITAN	☐ DETE15	4.1 111					•	☐ Change	Addition	
NAME	CRENSHAW, CAROL JEAN		. 4. 2 NA					1115		1200 (157)	
STREET ADDRESS		1. N. P 45 P.			Doress						
CITY-ST-ZIP	FT LAUDERDALE FL	,, , , , ,		Y-ST-Z	ZIP		1.				
TITLE	D	☐ DELETE	5.1 1111						Change	☐ Addition	
NAME	BOWERS, MARY		5.2 NA								
STREET ADDRESS	6301 NW 33RD ST		1		DDRESS			•			
CITY-ST-ZIP	HOLLYWOOD FL			Y-ST-Z	ZIP	- 1		· · · · · · · · · · · · · · · · · · ·			
TITLE .	SC NO FROM	☐ DELETE	6.1 TTT						Change	Addition	
NAME .	CYPRESS, CAROL		6.2 NAM			• •			•		
STREET ADDRESS	6351 NW 32 ST		6.3 STF	REETA	DDRESS						

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.