

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08337** (0)

1. Corporation Name

DELRAY BEACH PRIMITIVE BAPTIST CHURCH

Principal Place of Business

Mailing Address

1717 NE 2ND AVE.
DELRAY BEACH FL 33444
US

235 NE 10TH STREET
DELRAY BEACH FL 33444-4047
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1985		3a. Date of Last Report 06/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2153716		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHAPMAN, LELIUS H
235 NE 10TH STREET
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name **MALCOLM CHAPMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
1201 N. SWINTON AVE.
83
84 City **DELRAY BEACH,** FL 85 Zip Code **33444**

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 filing this statement and accepting the obligations of Section 617.0503, Florida Statutes.

SIGNATURE **MALCOLM CHAPMAN** *Malcolm Chapman* 3-14-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, LELIUS H	1.2 NAME	
STREET ADDRESS	235 NE 10TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, JAMES E	2.2 NAME	
STREET ADDRESS	644 SW 7 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRIAN, ESTHER	3.2 NAME	
STREET ADDRESS	227 DIXIE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, WILLIAM E	4.2 NAME	
STREET ADDRESS	1303 NE 2ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN MALCOLM	5.2 NAME	
STREET ADDRESS	1201 N. SWINTON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FLA. 33444	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Leilius H. Chapman* **LELIUS H. CHAPMAN** 3-14-97 361-276-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043115

CR2E037 (9/96)